National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Services des thèses canadiennes

Ottawa, Canada
K1A 0N4

CANADIAN THESES
THÈSES CANADIENNES

NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30. Veuillez prendre connaissance des formules d'autorisation qui accompagnent cette thèse.

THIS DISSERTATION
HAS BEEN MICROFILMED
EXACTLY AS RECEIVED

LA THÈSE A ÉTÉ
MICROFILMÉE TELLE QUE
NOUS L'AVONS REÇUE

NL 339 (r. 86/01)

Canada

94

0-315-26827-1

National Library of Canada | Bibliothèque nationale du Canada

Canadian Theses Division | Division des thèses canadiennes

Ottawa, Canada
K1A 0N4

PERMISSION TO MICROFILM — AUTORISATION DE MICROFILMER

• Please print or type — Écrire en lettres moulées ou dactylographier

Full Name of Author — Nom complet de l'auteur

JOCELYN MARIE BOYLES

Date of Birth — Date de naissance	Country of Birth — Lieu de naissance
NOVEMBER 14, 1952	CANADA

Permanent Address — Résidence fixe

5807 - 143 A STREET
EDMONTON, ALBERTA

Title of Thesis — Titre de la thèse

REALITY THERAPY: A PROBLEM-SOLVING MODEL

University — Université

UNIVERSITY OF ALBERTA

Degree for which thesis was presented — Grade pour lequel cette thèse fut présentée

MASTERS OF EDUCATION

Year this degree conferred — Année d'obtention de ce grade	Name of Supervisor — Nom du directeur de thèse
1983	DR. H. L. JANZEN

Permission is hereby granted to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

L'autorisation est, par la présente, accordée à la BIBLIOTHÈQUE NATIONALE DU CANADA de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

L'auteur se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans l'autorisation écrite de l'auteur.

Date	Signature
June 28, 1983	Jocelyn Marie Boyles

THE UNIVERSITY OF ALBERTA

REALITY THERAPY: AS A PROBLEM-SOLVING MODEL

by

JOCELYN MARIE BOYLES

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

IN

COUNSELING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1983

WILLIAM GLASSER, INC.
11633 SAN VICENTE BLVD. NO. 318
LOS ANGELES, CALIFORNIA 90049
(213) 826-3619

WILLIAM GLASSER, M.D.
PRESIDENT

Oct. 6, 1983

Faculty of Graduate Studies
University of Alberta
Edmonton, Alberta
Canada

Dear Sirs:

I have been advised that one of your graduate students, Jocelyn Boyles has made use of some of my printed materials in her Master's thesis. Please be advised that Jocelyn has completed her certification in Reality Therapy and is one of our excellent practioners in Canada.

This letter will confirm that there is no conflict of copyright in Jocelyn's utilization of these materials. I am certainly pleased that she has done graduate level work using these materials.

Please do not hesitate to contact me if I can be of any further assistance.

Cordially,

William Glasser

William Glasser, M.D.

THE UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR JOCELYN MARIE BOYLES

TITLE OF THESIS REALITY THERAPY: AS A PROBLEM-SOLVING MODEL

DEGREE FOR WHICH THESIS WAS PRESENTED MASTER OF EDUCATION

YEAR THIS DEGREE GRANTED FALL, 1983

Permission is hereby granted to THE UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

(SIGNED) Jocelyn Marie Boyles

PERMANENT ADDRESS:

5807 - 143 A Street

Edmonton, Alberta

DATED June 28 1983

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled REALITY THERAPY: AS A PROBLEM-SOLVING MODEL submitted by JOCELYN MARIE BOYLES in partial fulfilment of the requirements for the degree of MASTER OF EDUCATION in COUNSELING PSYCHOLOGY.

.....

Supervisor

.....

.....

Date..June..20,..1983....

DEDICATION

Dedicated to my parents in gratitude for their support, encouragement and most of all love.

ABSTRACT

The purpose of this study was the development and evaluation of an interpersonal problem-solving skills training program. The program was based on a Reality Therapy model. It was hypothesized that, following participation in the treatment program, subjects would demonstrate enhanced problem-solving ability, increased internality with respect to their locus of control orientation and increased self-esteem. Further, it was predicted that these observations would be enhanced following a three month interim period.

A pretest, post-test control group design was employed. Subjects were recruited in response to a newspaper advertisement and randomly assigned to treatment (N=20) and control groups (N=19). Both groups were administered the 'Means-Ends Problem-Solving Test', the 'Rotter Internal-External Locus of Control Scale' and the 'Coopersmith Self-Esteem Inventory'. A follow-up collection of data was conducted with the treatment subjects.

An analysis of covariance technique was utilized to determine whether or not a treatment effect was evident with repsect to each of the three constructs. There was no statistical evidence to support any of the research hypothesis.

The findings are discussed with particular attention to practical implications and the future of Reality Therapy as a problem-solving model.

ACKNOWLEDGMENTS

I wish to acknowledge the guidance provided by my advisor, Dr. H. L. Janzen and the other members of my committee, Dr. D. Sawatzky and Dr. K. Ward.

I wish to thank my family and friends for their understanding and moral support. I would particularly like to acknowledge the following people who offered not only support but practical assistance in the completion of the thesis:

Brenda Waldie, Mac Boyles, Patti Butler, Peter McDonald, David Sego and Jerome Sheahan.

I would also like to express my gratitude to Ron Harshman, the man I credit as my mentor.

Table of Contents

Chapter — Page

I. INTRODUCTION 1

A. Assumptions of Interpersonal Problem-Solving Training 2

Assumption 1 2

Assumption 2 3

Assumption 3 4

Assumption 4 5

B. The Problem 6

C. The Purpose of the Study 8

D. Overview of Study 10

E. Summary 10

II. REVIEW OF THE LITERATURE 12

A. Definition of Interpersonal Problem-Solving 12

B. Importance of Interpersonal Problem-Solving Training 13

C. Training Programs in Interpersonal Problem-Solving Skills 17

D. The Impact of Interpersonal Problem-Solving Training On Variables Related To Adjustment 18

E. Interpersonal Problem-Solving Models Training and Other Approaches to Counseling 23

F. Interpersonal Problem-Solving Models 26

G. Reality Therapy 29

H. Research on Reality Therapy as an Approach to Psychotherapy 32

I. Reality Therapy as an Interpersonal Problem-Solving Model 35

J. Research on Reality Therapy Related to Problem-Solving 40

K. Behavior: The Control of Perception 41
L. Locus of Control 48
M. Self-Esteem 53
N. Research Hypothesis 56
Interpersonal Problem-Solving Skills 56
Interpersonal Problem-Solving Skills 57
Hypothesis 1 57
Locus of Control 57
Hypothesis 2 57
Self-Esteem 57
Hypothesis 3 58
Follow-Up Study 58
Hypothesis 4 58
O. Summary 58
III. METHODOLOGY 59
A. Subjects 59
B. Design 59
C. The Training Program 61
D. Instruments 63
Shipley Institute For Living Scale 64
Rotter's Internal-External Locus of Control Scale 65
Coopersmith Self-Esteem Inventory 67
Means-Ends Problem-Solving Test 68
E. Scoring 70
F. Summary 70
IV. RESULTS 71

A. Purpose Of The Analysis 71

B. Assumptions of the Analysis of Covariance 71

C. Descriptive Data 73

D. Analysis Of Covariance 75

E. Summary Of Analysis Of Covariance: Problem-Solving 76

Hypothesis 1 76

F. Summary Of Analysis Of Covariance: Locus of Control 77

Hypothesis 2 77

G. Summary Of Analysis Of Covariance: Self-Esteem .78

Hypothesis 3 78

H. Findings Of The Follow-Up Study 79

Hypothesis 4 79

Problem-Solving 79

Locus Of Control 80

Self-Esteem 80

I. Summary Of Overall Results 80

V. DISCUSSION OF RESULTS 82

A. Introduction 82

B. Problem-Solving Means-Ends Thinking Ability 82

C. Locus of Control 90

D. Self-Esteem 90

E. Evaluation of Reality Therapy as a Problem-Solving Model 93

F. Implications for Reality Therapy 96

G. The Impact of BCP On The Present Investigation .97

H. Limitations of the Study 98

I. Summary and Recommendations for Future Research 99

REFERENCES 101

APPENDIX A:Problem-Solving Methods Training Program Instructor and Participant Manual 113

APPENDIX B:Tests for Homogeneity of Variance and Regression Coefficients 227

List of Tables

Table | Page

1. Means And Standard Deviations: Means-Ends Problem Solving Test.....74

2. Means And Standard Deviations: Locus Of Control.....74

3. Means And Standard Deviations: Self-Esteem.....75

4. Summary Of Analysis Of Covariance: Means-Ends Problem-Solving Test.....76

5. Summary Of Analysis Of Covariance: Locus Of Control.....77

6. Summary Of Analysis Of Covariance: Self-Esteem.....79

7. Tests For Homogeneity Of Variance And Regression Coefficient Problem-Solving.....229

8. Tests For Homogeneity Of Variance And Regression Coefficient Locus Of Control.....229

9. Tests For Homogeneity Of Variance And Regression Coefficient Self-Esteem.....231

List of Figures

Figure Page

1. A Comparison of Problem-Solving Models.....37

I. INTRODUCTION

At a global level, the purpose of this investigation is the evaluation of a particular approach to counseling psychology. Before one can establish how well a particular approach achieves a purpose, it is essential to define that purpose.

Defining the purpose of counseling psychology necessitates answers to two essential questions. Firstly, what motivates people to seek out a counseling psychologist? Secondly, what is the role of the counseling psychologist?

Although one may receive a variety of specific responses to these two questions, it seems safe to say that people come to see counselors because they are experiencing problems that they cannot resolve and that the role of the counselor is to assist the client in resolving those problems. The question long debated is how to go about this in the most efficacious manner.

Dixon, Heppner, Petersen, and Ronning (1979) stated that, "there are two possible levels of intervention for counselors in assisting individuals confronted by problems: a) identifying solutions for the specific problem situation, and b) providing the client with a set of generalizeable problem-solving skills that will allow the client to solve a wide range of problems" (p. 133). This author would add a third possibility to the options provided by Dixon and his colleagues. A counselor could intervene by applying a process such that the client arrives at a solution to his

problem without necessarily being aware of how this came about (ie. certain of the so called strategic therapists)..

The type of intervention a counselor chooses will depend on the specific situation as well as the assumptions he makes regarding people, their problems and the nature of the helping relationship.

The purpose of this study is the development and evaluation of a training program in a particular approach to counseling, which will hereafter be referred to as interpersonal problem-solving training. The approach is consistent with the second type of intervention, identified by Dixon et al. (1979), where the counselor provides the client with a set of generalizeable problem-solving skills.

A. Assumptions of Interpersonal Problem-Solving Training

As mentioned previously, every type of intervention is based on certain assumptions. As the review of the literature did not reveal a comprehensive list of assumptions of interpersonal problem-solving, the list that follows has been compiled by the present investigator.

Assumption 1

The first assumption of interpersonal problem-solving training is that people want to be successful in their interpersonal relations but are frequently deficient in the skills required to solve interpersonal dilemmas. Glasser maintains that no matter how irresponsible, unhealthy or

ineffective an individual's behavior may appear, he is doing the best he can given the choices he sees available to him. Similarily, proponents of an approach to therapy known as social skills training maintain that "each individual always does the best he can, given his physical limitations and unique learning history in every situation. Thus, when an individual's best effort is judged to be maladaptive, this indicates the presence of a situation specific skill deficit in the individual's repertoire" (Curran and Wessburg, 1981, p. 406).

This first assumption is also consistent with social learning theory. D'Zurilla and Goldfried (1971) indicated that, "in attempting to account for ineffective behavior, social learning theorists stress the inadequacy of the person's past learning history; the individual is prone to behave ineffectively in certain situations because he has never had the opportunity to learn a more effective way of responding to those particular situations" (p. 109).

Assumption 2

The second assumption is that the problems that trouble people most frequently have an interpersonal source.

Harvard University studied the question as to why people lose their jobs. They discovered that "only 34% are let out because of inability to do their work, whereas 66% are fixed for failure in human relations" (Osborn, 1963, p. 387).

Glasser (1981), using the example of Humphrey's character Robinson Crusoe, highlights the interpersonal nature of human problems. "Humphreys doesn't see the hostile island environment as Crusoe's main problem. Rather, to quote Humphrey, 'it was the arrival of the man Friday on the scene that was the real challenge for Crusoe. If Monday, Tuesday, Wednesday and Thursday had turned up as well, Crusoe would have had even greater need to keep his wits about him'" (Glasser, 1981, p. 19).

Assumption 3

The problems that are often confronted in counseling could be described as of a day-to-day nature or represent the consequences of an accumulation of unresolved day-to-day problematic issues. Examples of the latter are people suffering from hypertension, ulcers, some forms of depression, marital breakdown, etc. Goldfried and Davison (1976), in a discussion of problem-solving and therapy, indicated that:

> Because of the complex and ever-changing nature of our society people continually find themselves confronted with challenging problems. Depending on the complexity of the situation and the possible negative consequences of inadequate coping, these problems may be trivial or crucial. Thus, ranging from such minor dilemmas as trying to decide what shoes to wear in the morning, to more significant

> issues, such as dealing with an unreasonable spouse, our daily lives are replete with situational problems that we must solve in order to function effectively (p. 186).

Assumption 4

The fourth assumption relates to the nature of the helping relationship. Although not specifically in reference to interpersonal problem-solving, it has been expressed by Bramner (1973):

> Helping is also a process of encouraging the helpee to learn how to learn. In the helping process the helpee not only learns more effective ways of coping with his present feelings and environmental demands, but he also learns techniques for solving his personal problems, methods of planning and techniques for discriminating among value choices,.... One of the most helpful services we can perform for another is to create conditions where he can learn how to solve problems with his own resources (p. 16).

Although a number of sophisticated counseling techniques have been developed, much of what is done in counseling could be demystified and translated into a step-by-step problem-solving process that clients could learn and take away for future use. This would reduce the

need for continued client-counselor contact. In this respect, a number of schools of psychotherapy shy away from didactic strategies or advice giving. They believe, instead, that a client will develop his own techniques and alternative ways of behaving, once the therapist assists him in freeing up creative energy blocked by unresolved past issues. Although unresolved issues may present a barrier, counselors cannot assume that their job is done once that barrier is down. The client may still be floundering as to how to deal with his daily problems. In response to the above type of thinking Glasser (1980b) stated that "the idea that the therapist doesn't invade the planning aspects of a person's life is to me like an oven salesman watching the Ancient Chinese burning down their houses to roast pigs and not stepping in to say, 'Wouldn't an oven be better?'" (p. 52).

B. The Problem

Although several writers in counseling psychology have supported interpersonal problem-solving training as a priority in the counseling process (e.g. Bramner, 1973; Heppner, 1978; D'Zurilla and Goldfried, 1971; Shure, Spivack, Jaeger, 1971) few studies dealing specifically with the measurement and development of interpersonal problem-solving skills have been performed (Heppner, 1978).

According to Platt and Spivack (1975) and Davis (1966), existing studies attend primarily to the solving of

impersonal tasks such as anagrams and puzzles. Gotlib and Asarnow (1979) performed a study with nondepressed and depressed university students, evaluating their performance on an impersonal problem-solving task and an interpersonal problem-solving task. Although they reported a relationship between depression, anxiety, and performance on problem-solving measures, no relationship was found between performance on the impersonal task and performance on the interpersonal one. Their findings suggest that knowledge gathered regarding impersonal problem-solving cannot necessarily be generalized to the solving of interpersonal problems. As counselors most frequently find themselves confronted with the task of assisting clients in solving interpersonal problems, it would seem an important topic has been neglected in counseling psychology research.

Although neglected, the subject has not been totally ignored. Baugh (1979) indicated that several programs have been developed and evaluated in the area of problem-solving/conflict negotiation for married couples. Additionally, in the last ten to twenty years a host of 'self-help' programs have sprung up. Most of the self-help programs, however, deal with specific and isolated interpersonal behaviors, such as, assertiveness or anxiety reduction rather than a generalizeable approach to solving life's problems.

Indicative of the importance of interpersonal problem-solving skills, are a number of studies that suggest

a relationship between a deficiency in this area and psychological maladjustment.

As mentioned, Gotlib and Asarnow (1979) found that depressed university students' performance on an interpersonal problem-solving task was inferior when compared to their nondepressed counterparts.

Utilizing their 'Means-Ends Problem-Solving Test', Platt and Spivack (1975) were able to demonstrate a deficit in interpersonal problem-solving ability of a variety of maladjusted groups. When compared with normal control groups, adolescent heroin abusers (Platt, Scura and Hannon, 1973), disturbed ten to twelve year old children (Shure and Spivack, 1972), acutely ill psychiatric patients (Platt and Spivack, 1972) and disturbed adolescents (Platt, Spivack, Altman, Altman and Peizer, 1974) demonstrated inferior capacity to conceptualize means toward a goal.

Using alternate measures of problem-solving ability, other researchers have obtained similar results (ie. Richards and Dodge, 1982).

Based on these findings, these researchers support the development and evaluation of models and programs in interpersonal problem-solving training.

C. The Purpose of the Study

The purpose of the present study is the development and evaluation of a training program in interpersonal problem-solving skills. The program is based on a Reality

Therapy model created by Glasser in the late 1950's and early 1960's. Although Reality Therapy was originally designed as a pragmatic approach to psychotherapy, it can also be viewed as a problem-solving model. Indeed, Glasser has indicated that Reality Therapy can be used over a broad range of problem situations. Glasser and Zunin (1979) stated, in reference to the eight step approach, "We believe these techniques are applicable to a wide variety of problems because the essence of Reality Therapy is problem-solving" (p. 328).

The use of Reality Therapy as the basis for the development of a problem-solving skills training program is further supported by its similarity to a variety of recognized problem-solving models. Dixon et al. (1979) suggested that, "while there is no single agreed upon model of problem-solving, an examination of several problem-solving models (e.g. Clark, Gelatt, and Levine, 1965; Dewey, 1933; D'Zurilla and Goldfried, 1971; Urban and Ford, 1971) revealed that there are several common stages or behaviors postulated within the various models" (p. 134). The five sequential phases they found common to all problem-solving models are similar to the eight steps in the therapeutic process outlined by Glasser. These models will be discussed in more detail in comparison to Reality Therapy as part of the following chapter.

Glasser has recently expanded his entire theoretical base by incorporating the ideas presented by William Powers.

Powers (1973) developed a cybernetic model of how the brain works. Glasser collaborated with Powers to arrive at a practical application of the latter's theoretical concepts. These latest ideas, presented in Glasser's (1981) book, Stations of the Mind, have highly influenced the content of the workshop evaluated in the present study.

D. Overview of Study

More specifically, this research project is designed to assess change in one component of interpersonal problem-solving, namely "means-ends thinking", following participation in an interpersonal problem-solving skills training program. Platt and Spivack (1975) have defined "means-ends thinking" as "the individual's ability to orient himself to, and conceptualize means of, moving toward a goal" (p. 1).

Previous research has reflected a possible relationship between psychological adjustment and means-ends thinking. It seems reasonable to predict that gains in this ability would be accompanied by concurrent gains in other variables associated with psychological adjustment, such as locus of control and self-esteem.

E. Summary

This chapter has included a presentation of the rationale for the study, and a statement of the research problem, and purpose. The following chapter will consist of

a definition of critical terms, a review of the problem-solving literature, as well as a description of the models utilized in the training program. The chapter concludes with a presentation of the research hypothesis.

II. REVIEW OF THE LITERATURE

A. Definition of Interpersonal Problem-Solving

In the interests of clarity, it is essential at the outset of this chapter to define the critical terminology in the present study. For the purposes of this project, interpersonal will be considered to mean "of, or involving relations between persons" (Webster, 1979).

The definition of 'problem' has been arrived at by combining a concept developed by Glasser and Powers (1982) with one proposed by D'Zurilla and Goldfried (1971). Glasser and Powers (1982) have utilized the term 'error' in the presentation of their theory to mean a gap between what an individual wants to see happening and what he actually perceives to be happening in the external world. A situation where this 'gap' exists represents the first portion of the definition of problem. Further, D'Zurilla and Goldfried have said, "a situation is considered problematic if no effective response alternative is immediately available to the individual" (p. 108). Therefore, if there is a gap between what a person wants and what he perceives happening and no effective response alternative is immediately available, a 'problem' will be considered to exist.

D'Zurilla and Goldfried (1971) have also provided a definition of problem-solving that will be adopted for the purposes of this study. Problem-solving is seen as "a behavioral process whether overt or cognitive in nature,

which, (a) makes available a variety of potentially effective response alternatives for dealing with the problematic situation, and (b) increases the probability of selecting the most effective response from among these various alternatives" (D'Zurilla and Goldfried, 1971, p. 108).

B. Importance of Interpersonal Problem-Solving Training

A large portion of the research and literature supporting interpersonal problem-solving training has been initiated and generated by George Spivack and Gerome Platt and their colleagues. In 1973 Spivack (cited in Siegel and Spivack, 1976) suggested that a relationship existed between problem-solving ability and psychological adjustment. He found support for his ideas in the earlier work of Jahoda, who found evidence for this relationship in her research pertaining to factors associated with positive mental health (Jahoda, 1958).

In a series of studies with young children, Platt, Spivack and Shure (cited in Shure, 1981) found a correlation between problem-solving skills and superior social adjustment as measured by behavioral ratings. These authors went so far as to test the assumption that problem-solving thinking skills were an antecedent to, and not merely a result of, social adjustment. These additional studies will be discussed in more detail in a later section that looks at evaluating interpersonal problem-solving training programs.

As mentioned in the introductory comments, Platt, Spivack et al. discovered a particular problem-solving skill deficit in a variety of subject groups who demonstrated various signs of psychological maladjustment. Utilizing their 'Means-Ends Problem-Solving Test', they were able to demonstrate that, when compared to normal controls. these subjects were deficient in their ability to conceptualize means toward a goal. This skill is considered essential to effective problem-solving. The subject groups included acutely ill psychiatric patients (Platt and Spivack, 1973), disturbed ten to twelve-year old children (Shure and Spivack, 1972), adolescent heroin addicts (Platt, Scura and Hannon, 1973), and disturbed adolescents (Platt, Spivack, Altman, Altman, & Peizer, 1974).

Further evidence of a relationship between interpersonal problem-solving and psychological adjustment is provided by various theorists who have suggested a relationship between interpersonal incompetence and depression. McLean (1976) discussed a particular model of the development of depression known as the interpersonal disturbance model. From this perspective the individual's interaction with his social environment is considered to be the basis of developing and reversing depression (McLean, 1976). McLean cites a theorist, Stuart (1967), who considers depression as "a maladaptive attempt to manipulate the interpersonal environment" (McLean, 1976, p. 64). In 1973, McLean, himself, proposed a theory consistent with the

interpersonal disturbance model, in which depression results "when an individual has lost the ability to effectively control his interpersonal environment" (Cited in McLean, 1976, p. 64).

Consistent with this proposed theoretical relationship, Gotlib and Asarnow (1979) reported a relationship between depression and inferior performance on the "Means-Ends Problem-Solving Test" (Platt and Spivack, 1975) in a sample of university students.

For the most part, studies cited thus far have employed "means-ends thinking" as their measure of problem-solving ability. Using alternate measures, other researchers have also found evidence of a relationship between problem-solving skills deficits and psychological/social maladjustment.

Using hypothetical interpersonal situations, Richard and Dodge (1982) discovered that elementary school boys, adjudged to be aggressive and isolated, were lacking in skills of generating alternative solutions, even though they could evaluate potential solutions presented to them.

Further evidence pointing to the importance of interpersonal problem-solving training is found in the literature regarding social skills training. Although social skills training, according to some definitions, may encompass more than a specific approach to interpersonal problem-solving, these skills at the very least constitute a large part of a social skills training program. Sarason

(1981) considers the study of problem-solving behavior pertinent to the whole area of social skills training.

In their discussion of social skills training and the nature of schizophrenia, Liberman, Neuechterlein, and Wallace (1982) indicate that there is a well-documented correlation between premorbid social adjustment and the course of schizophrenic illness. This is interesting in the light of the suggested relationship between interpersonal problem-solving and adjustment.

In 1977, Zubin and Spring (cited in Liberman et al, 1982) have suggested that:

> an increase or reappearance of symptoms in a person vulnerable to schizophrenia is an outcome of the balance or interaction between the amount of life stressors and the problem-solving skills of the individual. Either too much environmental change or stressor - such as an economic slump and loss of a job - or too few coping and problem-solving skills - such as a person who always responds to new situations with social withdrawal - can lead to symptomatic flare-ups. The significance of this two-way model of symptom formation lies in the emphasis given to the active role of the patient's coping skills in modulating vulnerability to relapse (p. 16).

The studies cited thus far have suggested a relationship between a deficit on interpersonal

problem-solving skills and various indicators of psychological/social maladjustment. If a deficit contributes to maladjustment, it seems reasonable to propose that the ability to solve interpersonal dilemmas may be a factor contributing to positive psychological adjustment, as suggested by Spivack in 1973 (Cited in Siegal and Spivack, 1976). Further, one may stand to increase one's psychological adjustment through the development and/or enhancement of one's interpersonal problem-solving skills. It would seem, given this plausible relationship, that interpersonal problem-solving would be an area of keen interest to researchers in counseling psychology. However, as mentioned in the introduction to this study, the emphasis in research has been on impersonal problem-solving tasks rather than interpersonal problem-solving. Many writers have urged further research particularly in the area of the development and evaluation of interpersonal problem-solving models and training programs. Some work has been undertaken in this area, an overview of which will be presented in the following two sections.

C. Training Programs in Interpersonal Problem-Solving Skills

When evaluating training programs in the area of interpersonal problem-solving training, the difficulty of ill-defined boundaries arises, vis a vis, what exactly constitutes an interpersonal problem-solving training program. For the purposes of this investigation, every

attempt will be made to include only the results of programs that involve a generalizeable step-by-step problem-solving process.

D. The Impact of Interpersonal Problem-Solving Training On Variables Related To Adjustment

As in those studies presented in the previous section which suggest a relationship between problem-solving ability and psychological adjustment, much of the research involving the evaluation of interpersonal problem-solving training has been initiated by, or stimulated by, the work done by Platt, Spivack, Shure et al. Many of the studies have, in fact, utilized research instruments developed by these authors. Much of this research has tested the hypotheses that, a)interpersonal problem-solving skills can be enhanced through participation in a structured training program, and b) gains in this ability will be accompanied by gains in other measures of adjustment. The results of these studies have been somewhat contradictory and consequently inconclusive.

Sharp (1981) cites a series of studies performed by Platt and Spivack with pre-school children. Spivack and Shure were able to find, a) a correlation between adjustment amongst pre-schoolers and interpersonal problem-solving ability (Shure, Spivack & Jaeger, 1971), and b) increased adjustment amongst pre-schoolers following training in interpersonal problem-solving skills (Shure & Spivack, 1973,

cited in Sharp 1981). However, Sharp (1981) also cited a number of studies that in her words, "conducted problem-solving interventions with children and have not enjoyed the same success as Shure and Spivack" (p. 129). In her review of these studies Sharp indicates that, essentially, they were able to find gains in verbalized problem-solving skills following problem-solving training interventions, but that these gains were not accompanied by gains on measures of behavioral adjustment (Sharp, 1981). Sharp conducted her own investigation, attempting to control for factors that may have accounted for Spivack and Shure's unique results. Her findings were consistent with those of the researchers who found no relationship between a young child's increased verbal problem-solving skills and increased evidence of behavioral adjustment. This is not to say that the relationship does not exist. It may imply that it is of a more complex nature. Sharp recommended further research.

In response to Sharp's findings, Shure (1981) suggested that although a number of factors could have accounted for the lack in behavior change, the exclusion of a particular skill known as 'dialoguing', from the training program, could be a factor contributing to Sharp's less successful findings. Shure (1981) describes 'dialoguing' as a form of problem-solving communication where the trainer engages the child in a dialogue regarding real life problem situations. "Solutions are not suggested or demanded; the child is

guided to define the problem, what might have led up to it and to consider options and consequences" (Shure, 1981, p. 162). The training program Platt, Spivack and Shure have developed, and used in many of their studies, is known as the 'Interpersonal Cognitive Problem-Solving Program' (ICPS). Shure (1981) indicated that "recent studies showing that ICPS training of young children that is accompanied by dialoguing (Allen, 1978; Wowkanich, 1978) brings more successful behavior change than those that are not (Durlak and Sherman, 1979; Sharp, 1979)" (p. 179).

Weissberg, Gesten, Rapkin, Cowen, Davidson, Apodaca, and McKim (1981)performed a study similar to Sharp's (1979) and those by Spivack, Shure, et al, that perhaps shed some light on the complex nature of the relationship between problem-solving and behavioral adjustment.

The findings were somewhat supportive of Shure and Spivack, and at the same time, contradictory. They found that, although gains were made following intervention with a social problem-solving skills program, the gains varied according to such factors as whether the children were from urban or suburban areas (Weissberg et al, 1981). "Suburban and urban third graders both acquired social problem-solving skills and were able to generalize them behaviorally to an outside situation. However, after that, their roads diverged. Whereas suburban children also gained appreciably in adjustment, urban children appear to have declined in that sphere" (Weissberg et al, 1981, p. 260). They also

found evidence suggesting that the gains in social problem-solving skills were not necessarily directly related to adjustment gains (Weissberg, 1981). These authors also suggest, given the contradictory nature of their findings and those of others, that although the relationship between problem-solving and adjustment is not a straightforward one, it is important and warrants further investigation. They cite such factors as program content, mode of presentation and age as possible intervening variables. It is this writer's opinion that the period of time elapsing between participation in training and post-test, adjustment measures may also be critical. It seems reasonable to predict that it would take time before increases in interpersonal competence would have an observable impact on other adjustment variables. This contention finds support in a study performed by A.C. Rosario (1977) in which he examined differential reaction to treatment based on subject locus of control orientation. Amongst other conclusions, the findings indicated that a fair length of time had to elapse before treatment impact was evident on locus of control orientation.

Further evidence of enhanced adjustment following interpersonal problem-solving training is provided by D'Zurilla and Goldfried (1971). These authors cite an early study performed by Morton (1955). Morton developed a problem-solving training program in which he used T.A.T. plates as a stimulus for teaching steps of a problem-solving

process. Following training, subjects showed an increase in general adjustment as reflected in indicators such as self-confidence in interpersonal relationships (Cited in D'Zurilla and Goldfried, 1971).

Certainly, effective communication has long been considered an indicator of personal and marital adjustment. Baugh (1979) reported increased problem-solving ability, coupled with enhanced general communication style, in married couples following participation in a problem-solving training program. The program consisted of a ten-step structured problem-solving process.

Dixon, et al. (1979) discovered that training in problem-solving skills was effective with undergraduate university students in certain areas, including the quality of responses generated but not in others such as the quantitiy of alternatives generated or the ability to make effective choices from among alternatives given. Subjective reports did, however, reveal that subjects saw themselves as less impulsive following training.

Mendonca and Siess (1976) evaluated a number of approaches to assisting university students with vocational decisions. They found that a combined strategy of anxiety management and problem-solving was more effective than either method on its own in enhancing "vocational exploratory behavior, awareness of career plans and problem-solving behavior" (p. 345).

E. Interpersonal Problem-Solving Models Training and Other Approaches to Counseling

The real test of a particular approach comes when it is viewed in comparison to other approaches. A number of studies have been conducted in which interpersonal problem-solving training programs were compared on the basis of efficacy with other approaches to counseling.

Richards and Perri (1978) looked at an issue critical to the field of counseling, maintenance of treatment gains. Using a sample of university students who had come for help due to academic underachievement, they examined the efficacy of two approaches to treatment maintenance. Following exposure to a combined program of group counseling and reading assignments, subjects were exposed to one of two treatment maintenance strategies, a) faded counselor contact, or b) behaviorally oriented problem-solving training. Faded counselor contact refers to a technique used by counselors where they wean a client by decreasing the number of interviews and increasing the interval between interviews. Results indicated that problem-solving training was an effective treatment maintenance approach while faded counselor contact was not (Richards and Perri, 1978). This finding is of particular interest in light of the fact that faded counselor contact is the method of choice in many counseling circles.

The efficacy of a didactic problem-solving approach to counseling was further demonstrated in a series of studies

performed by Morton Wagman. He developed a model for teaching problem-solving skills that he coined 'systematic dilemma counseling' (Wagman, 1979). The approach consists of a structured problem-solving process that is generalizeable to a variety of life's dilemmas. In a study designed to compare dilemma counseling to an eclectic approach to counseling, Wagman (1979) found that subjects demonstrated more improvement in their response to dilemmas when treated by a dilemma counselor than when treated by an eclectic counselor.

In a subsequent study, Wagman compared the efficacy of "dilemma counseling" and eclectic counseling with respect to subjects ability to solve a dilemma on their own. A sample of university students was randomly assigned to one of three conditions: "dilemma counseling", eclectic counseling or no-treatment control. In each of the counseling conditions subjects first worked throug a problem with a counselor. In the "dilemma counseling" group subjects were helped with an initial problem using the "dilemma counseling" method and also provided with a package containing an independent "dilemma counseling module" for use on their own. Subjects in the eclectic counseling group were merely counselled with the first dilemma. All subject were asked to later work through a second problem independently. Subjects treated by a dilemma counselor were later able to solve a psychological dilemma on their own where as subjects treated by the eclectic counselor demonstrated less improvement. The latter

group's performance was no better than that observed in a no treatment control group (Wagman, 1980).

Wagman (1981) took his research one step further to "determine whether dilemma counseling could be developed into a fully autonomous system" (p. 233). His earlier approach, systematic dilemma counseling, necessitated the involvement of a counselor. In this further development Wagman utilized the package known as the "Dilemma Counseling Module". It was designed such that the subject could learn and apply the dilemma solving process on his own. In a study designed to assess the efficacy of the module Wagman found that a subject "could independently learn and apply a generic method of problem-solving" (p. 244).

Wallace (1982) evaluated the use of a social skills training program with a population of hospitalized patients diagnosed as schizophrenic. The program which emphasized problem-solving skills was compared to a holistic health treatment program. The programs were evaluated on the basis of their impact on the rates of relapse and rehospitalization. Subjects were exposed to the two different treatment interventions over a nine-week hospital stay. At the conclusion of the program they were discharged to appropriate aftercare facilities. Dependent measures were taken on a pretest and post-test basis. An additional post-test was performed after a nine month follow-up period. Dependent measures included assessments of interpersonal problem-solving skills, self-concept, anxiety, personality

projectives, etc. The incidence of relapse or rehospitalization was of primary interest.

The results indicated that both groups "were equal in symptomatology at the start of training and received equal benefit from their inpatient stay" (Wallace, 1982, p. 86). Follow-up information, however, reflected a lower rate of relapse or rehospitalization for the group treated in the social skills program. At the time of writing, only 25% of the subjects in the social skills group had relapsed compared to 75% of the holistic health group. Although the results appear impressive, the authors suggest that they be interpreted with caution for the following reasons: "a) The data have not been analyzed to determine if the social skills training group actually increased in social skills compared to the holistic health treatment group, and b) differences in the aftercare placements and treatment given to the two groups plus differences in compliance with the medication regimes prescribed at discharge have not been analyzed" (Wallace, 1982, p. 87).

F. Interpersonal Problem-Solving Models

A variety of problem-solving models have been proposed. As mentioned in the introduction, following a review of the literature, Dixon et al. (1979) came to the conclusion that "while there is no single agreed upon model of problem-solving, an examination of several problem-solving models revealed that there are several common stages or

behaviors postulated within the various models" (p. 134). Based on their review, these authors propose a model consisting of five sequential phases called the 'Lattice of Problem-Solving Behaviors' (Dixon et al, 1979). The phases are as follows:

"1. Problem Definition

2. Goal Selection

3. Strategy Selection

4. Strategy

5. Evaluation - Solution - No Solution (Recycle)" (p. 134).

The generation of solutions and decision making are, according to this model, "generic to all five phases" (p. 134).

D'Zurilla and Goldfried (1971) came to the same conclusion as Dixon et al. that most of the models have much in common. Following their review of problem-solving models, they identified five stages that they saw as common to all models. These stages are:

"1. General Orientation (ie. set and attitudinal factors).

2. Problem-Definition and Formulation.

3. Generation of Alternatives.

4. Decision-Making (ie. evaluation and selection).

5. Verification" (p. 111).

Although the two models are essentially very similar, there is a difference in the importance placed on generation

of alternatives and decision making (Dixon et al, 1979). Also, D'Zurilla and Goldfried identify a mental set phase, where as Dixon et al. do not. The latter make explicit the implementation phase, a stage implicit to D'Zurilla and Goldfried's formulation.

Crutchfield (1969) developed a model very like the ones discussed thus far. To these phases, however, he added what he termed the 'master thinking skill'. "This is a metaskill which enables the effective coordination, integration and utilization of the many specific skills we have already enumerated" (p. 65).

Additionally, Heppner (1978) pointed out that any phase of a problem-solving process can be further broken down into requisite skills. Problem definition, for example, involves information gathering, specificity, etc.

A Reality Therapy model was used as the underlying problem-solving model for the training program evaluated in the present study. As mentioned previously, Reality Therapy was initially developed as a model for psychotherapy. In this thesis, it is proposed as an independent and individual problem-solving process. In support of this proposal, a section of the thesis has been devoted to comparing Reality Therapy with a recognized problem-solving model. D'Zurilla and Goldfried's (1971) model has been chosen for this purpose, for the following reasons:

a) It represents a concensus of other recognized problem-solving models.

b) It is a model commonly referred to in the problem-solving literature.

c) The model has been used in the development of problem-solving training programs cited previously (ie. Richards and Perri, 1977; Wallace, 1982).

d) The five phases of the model are similar to the eight steps of Reality Therapy.

The following sections are devoted to a description of Reality Therapy and a presentation of the model as an individual problem-solving process.

G. Reality Therapy

Reality Therapy is a pragmatic approach to psychotherapy that was developed by William Glasser in the late 1950's and early 1960's. Its' inception arose, at least partially, out of Glasser's reaction against his psychoanalytic training. He found that psychoanalysis was simply not 'working' with his clients and set out to create an approach around those things that he found 'did work'. Consequently, many of the principles of Reality Therapy stand in direct contrast to those of psychoanalytic thought.

The roots of the approach lay primarily in the Adlerian and Humanistic traditions in psychology (Glasser & Zunin, 1979).

Principles essential to Glasser's approach include:

a) Focus on the present.

b) Acceptance of personal responsibility.

c) Emphasis on what the client is doing.

d) Encouraging the client to determine for himself whether what he is doing is helping.

Glasser identifies two types of human identity, a success identity and a failure identity. The extent to which an individual enjoys one of these two identities is determined by his perceived and actual ability to meet his basic needs.

Glasser isolates four basic human needs above and beyond our physical survival and security needs. These are as follows:

a) Love and Belonging: This involves the need to give and receive love. Glasser believes that each person must, in order to fulfill this need at a minimal level, perceive that they love and are loved by at least one other human being.

b) Self-worth: Fulfillment of this need involves the perception that one is involved in some life activity that is meaningful and worthwhile. This need is frequently met through one's occupation, however, there are a variety of avenues through which it can be fulfilled.

c) Need for Fun: This encompasses the individual's involvement in something that is strictly pleasureable. Diane Gossen (1983), an associate of Glasser, referred to this need as "that which you do when you do not have to do it" (Lecture, 1983).

d) Need for Freedom: This need simply involves the individual's perception that he has choices.

The basic needs are seen as pathways to a success identity. The prime goal of the reality therapist is to assist his or her client to find ways, means and people through which he or she can successfully fulfill basic needs.

Central to Glasser's thinking is the belief that no matter how ineffective, irresponsible, irrational or unhealthy a person's behavior may appear, he or she is doing the best that they can at any given time. If the individual could find a better behavior that would work for them, Glasser believes they would take it. The Reality Therapist encourages clients to evaluate their present behavior and examine whether it is helping them meet their needs in a responsible fashion. If not, the therapist helps explore alternate ways of meeting those needs.

Reality Therapy has been utilized successfully in a variety of treatment settings ranging from large psychiatric facilities to substance abuse programs. Glasser has also enjoyed enormous popularity in the application of his ideas to school systems throughout North America. For the most part, existing research evaluates the model as an approach to psychotherapy applied by therapists in a variety of circumstances and/or as a philosophy for educators dealing with classroom situations. Although certain psychotherpists teach aspects of the theory to clients in the course of

therapy, little formal research has been undertaken into the efficacy of teaching the model to clients for use in their own lives as a generalizeable problem-solving strategy. This could change with the expansion of Glasser's theoretical base to incorporate the ideas of William Powers (1973). Seminars are currently being piloted in which individuals are taught the concepts as a means of taking more control over their lives.

H. Research on Reality Therapy as an Approach to Psychotherapy

Reality Therapy has been tested as an approach to psychotherapy in a variety of settings with a multitude of client problems.

Bratter and Raubolt (1976) applied a Reality Therapy 'confrontation' approach in a treatment program for methadone addicts. After one year the program produced significant results. At the time of writing there were "twenty successfully detoxified patients (remaining drug free, employed, and no arrests to date), four in final stages of detoxification, nine referrals to therapeutic communities, approximately forty of the current forty-eight members on the basis or urine analysis remain free from drugs other than methadone and possibly marijuana" (p. 335).

Poppen and Welch (1976) performed a study with overweight adolescent girls, looking at weight loss and change in self-concept.

Subjects participated in a weight loss program involving a Reality Therapy group model. The results indicated that the program was successful in eliciting significant weight loss, however, there was no significant impact observed in self-concept. The authors suggested that the effect on self-concept may only be observable after a lengthy period of time (Poppen and Welch, 1976).

Reality Therapy had its beginning in two settings, a school for disturbed and delinquent adolescent girls and a veterans' administration hospital. Glasser has long been associated with success in the treatment of disturbed and delinquent adolescents. A number of studies have reported positive results with respect to changes in self-concept and improved behavior following the use of Reality Therapy with adolescents (Browne and Kingley, 1975; German, 1975; Michael and Sewall, 1980).

Zapf (1974) reported only moderate success in the use of Reality Therapy to promote 'personal growth' in a group of mentally retarded women. Personal growth was defined as setting and attaining a behaviorally observable goal.

Browne and Ritter (1972) evaluated the use of Reality Therapy with geriatric psychiatric patients reporting improvements in subjects' ability to cope with routine daily behaviors.

Williams (1976) explored the use of Glasser's model with male prison inmates. Self-reports indicated that the subjects preferred the approach to others they had been

exposed to. Additionally, no inmate received a disciplinary report during their participation in the treatment program.

Given the importance of acceptance of personal responsibility to Glasser's thinking, a number of studies have examined the impact of Reality Therapy on the subject's locus of control or orientation.

Mink and Watts (1975) explored the benefits of a community college program that combined Reality Therapy counseling techniques with a personalized self-instructional package. The variable of most interest was the subject's locus of control orientation. They reported shifts toward greater internality amongst participating students. Additionally, increases in students' grade point averages were evidenced accompanying the shift in locus of control.

Rosario (1977) explored the relationship between a particular counseling strategy (Reality Therapy) and locus of control orientation. On the basis of pretest information, he classified his subjects as to whether they were initially extremely internal, extremely external, or moderately internal-external. Following exposure to a Reality Therapy group counseling program, Rosario reported no change in any group. In a follow-up data collection, however, he observed a shift toward internality in the subjects initially classified as extremely external.

This section has reviewed Reality Therapy as a model for psychotherapy. In the following section its feasability as an interpersonal problem-solving model will be examined.

I. Reality Therapy as an Interpersonal Problem-Solving Model

Unlike most psychotherapies Glasser has presented his approach in a clear eight step process. This makes it particularly amenable to:

a) Translation into a step-by-step individual interpersonal problem-solving strategy.

b) Comparison to other recognized problem-solving models.

The eight steps were initially presented by Glasser (1965). They have since been revised (Glasser, 1980a), to incorporate his current thinking. In order that the reader can more readily view the steps as parts of a personal problem-solving process, they will be modified slightly and be stated in the first person.

STEP 1

Involvement

Make Friends

And

Ask What Do I Want?

STEP 2

Examine Present Behavior

Ask What Am I Doing?

STEP 3

Value Judgement

Ask Is It Helping?

STEP 4

Make A Plan To Do Better

STEP 5

Make A Commitment

STEP 6

Don't Make Excuses

STEP 7

Don't Berate Or Punish Yourself

STEP 8

Never Give Up!

As mentioned previously, these steps bear similarity to the five phases identified by D'Zurilla and Goldfried (1971), as common to many recognized interpersonal problem-solving models. For ease of comparison, D'Zurilla and Goldfried's model (hereafter referred to as the behavioral model) and Glasser's model have been placed in juxtaposition on the following page (Figure 1). The fit is not intended to be perfect. The first three steps of Reality Therapy can be seen to coincide with the first two phases of the behavioral model. D'Zurilla and Goldfried (1971) view the general orientation phase as one where the person develops a mental set in which he, a) recognizes that he has a problem, and b) accepts a positive mindset that problems do occur as a normal part of life and that they can be coped with. In Step 1 of Reality Therapy, which is frequently referred to as the invlovement phase, the therapist attempts to get to know his client while establishing a positive relationship in which the client comes to believe he is

A COMPARISON OF PROBLEM-SOLVING MODELS

BEHAVIORAL MODEL (D'Zurilla and Goldfried, 1971)	[1]General Orientation	[2]Problem Definition	[3]Generation of Alternatives	[4]Decision Making	[5]Verification
REALITY THERAPY (Glasser, 1980a)	[1]Involvement Ask: What do I want? [2]Examine present behavior Ask: What am I doing? [3]Value judgement Ask: Is it helping?		[4]Make a plan [5]Make a commitment		[6]Don't make excuses [7]Don't berate or criticize yourself [8]Don't give up!

FIGURE 1

involved with a responsible, credible person who can assist him in coping with problems. Hopefully, as a result of the involvement phase, the person develops an optimistic mindset. This phase of Reality Therapy takes on different dimensions if used by an individual to deal with his own problems, however, in many ways he must take the same action such that he can view himself as a responsible, credible person who can cope. A training program can incorporate self-esteem building exercises.

The other aspect of the general orientation phase of the behavioral model involves the individual recognizing that a problem exists. In the Reality Therapy model this is part of Step 1 where the individual becomes sensitive to the fact that there is a gap between what he or she wants to see happening and what he actually sees happening. This awareness comes about through asking himself the question "What do I want?"

Asking the question "What do I want?" also becomes a crucial aspect of what would be seen as the problem definition phase of the behavioral model. D'Zurilla and Goldfried (1971) see the problem definition phase consisting of information gathering coupled with specifying and defining in concrete and operational terms all of the parametres of the problematic situation. For the most part, much of this is accomplished during Step 1 of Reality Therapy. Although Steps 2 (Examining present behavior) and 3 (Value judgement) are also part of the information gathering

and definitional process, they go beyond this task in the purpose they serve. They are definitional to the extent that one looks at one's present behavior and defines how it is contributing to or detracting from the problematic situation.

In that Steps 2 and 3 in Reality Therapy go beyond mere definition, they extend the usefulness of Reality Therapy as a problem-solving model. Glasser believes that until an individual really examines and evaluates his own behavior, and comes to a personal decision that it is not helping, he may be consciously or subconsciously unwilling to give it up. This problem is quite familiar to counselors who make all sorts of treatment plans with clients who continue to sabotage the plan with old behaviors and strategies. According to Glasser, before going on to the solution and planning phase, this evaluative process must occur.

Phase 3 (Generation of solutions) and Phase 4 (Decision-making) of the behavioral model complement Step 4 (Planning) and Step 5 (Commitment) of Reality Therapy. For the most part these processes are self-explanatory.

D'Zurilla and Goldfried (1971) indicate that "the final stage of problem-solving, namely verification, takes place after the chosen course of action has been carried out. It is designed to assess the actual outcome, so as to make self-correction possible" (p. 119). Steps 6, 7, and, to a certain extent, 8 of Reality Therapy are directed toward self-correction with an emphasis on evaluation and

replanning rather than criticism.

J. Research on Reality Therapy Related to Problem-Solving

Although, as mentioned, little formal research has been done regarding the efficacy of teaching Reality Therapy as a personal problem-solving method, two studies have been completed that appear particularly relevant to interpersonal problem-solving.

Laspina (1976) looked at the impact of the application of Reality Therapy techniques on creative thinking and behavior. Creativity is central to any productive problem-solving process. No increases in either creative behavior or thinking were observed in subjects following Reality Therapy intervention. Although this was an interesting research topic, it should be noted that Glasser has made no claims that his methods increase creativity. He does, however, talk about generating new behaviors. Laspina's results indicate that if one is to use Reality Therapy as a basis for a problem-solving training program, the process may need to be supplemented by creativity enhancement exercises.

Another study that bears direct relevance to interpersonal problem-solving was performed by Betty Schaughency (1977). She looked at the effectiveness of Reality Therapy as a problem-solving model for group supervision of educational counselors. Shaughency believes that Reality Therapy has an advantage over other group

problem-solving models in that the steps provide not only guidelines for the problem-solving procedure but also "groundrules" (p. 40). A group supervision workshop was designed using Reality Therapy techniques and assessed on the basis of two variables; interaction effectiveness and task effectiveness. Improvements resulted on both measures.

K. Behavior: The Control of Perception

As mentioned in the introductory chapter, Glasser (1981), in his book Stations of the Mind, outlines a model that is based on a much more complex formulation originated by William Powers in 1973. The model, known as "Behavior The Control Of Perception" (hereafter referred to as BCP), has been used as an additional theoretical basis for the training program evaluated in the present study. For the purposes of this project it will be presented in an abbreviated form. Only those concepts utilized in the training program will be discussed.

BCP resembles a cybernetics model in that the brain is seen as a feedback control system striving to maintain homeostasis (Powers, 1973). Glasser states that the human brain can be likened to a thermostat, although more complex, as a human being has a larger behavioral repertoire (Glasser, 1981). Given that the system strives to maintain homeostasis, a nonhomeostatic condition will drive the system to behave in such a way that homeostasis will be restored. The question becomes, what constitutes a state of

homeostasis and what is the cause of a nonhomeostatic condition?

Glasser and Powers identify two kinds of worlds, the internal world that exists in our own heads and the external or real world which exists outside of our heads. The external world, according to this model, consists of simple energy, nothing more or less. The world that is relevant, in that it is the world we relate to and with, is the internal world.

The internal world provides us with a guide to interpret the external world and it is unique for each individual. It consists, among other things, of our basic needs. Glasser sees these needs as part of our genetic structure and defines them in somewhat the same fashion as in his earlier writing.

> A basic need is some particular arrangement of our genetic structure that, in some yet unknown way, causes us to recognize that, in our own way, we always want to perceive that we are secure, that we belong, that we are worthwhile and have power, that we have fun and that we are free (Glasser & Powers, 1982).

Although generally speaking the basic needs are the same for all people the way each experiences a felt need is quite individualized. The reason for this is, according to BCP, behind every basic need there are innumerable 'specific wants' and these 'wants' are unique to each individual. The

way one person 'wants' to meet his/her need for fun can be very different from the way another person 'wants' to meet it (Glasser & Powers, 1982). Although our basic needs tend to remain stable throughout life , 'wants' can vary over time and situation.

From our internal world we generate pictures of what we want at any particular moment and our 'want' becomes what BCP terminology coins a 'reference perception' (Glasser & Powers, 1982). From our external world we receive perceptions of what is happening. These perceptions pass through our 'perceptual system' which consists of a hierarchal structure increasing in degree of sophistication. As the model now stands, there are ten so called orders of perception. The first order is the only one directly connected to the outside world. All of the others exist inside our head. They are only indirectly related to the external world as all perceptions pass through the lower orders before moving to the higher orders. Interpretation and perhaps distortion occurs as our perceptions from the external world pass through this system. The perceptual system is the most complicated aspect of the BCP model. As it did not significantly effect the design of the training program, it is not discussed in detail at this time. The reader is referred to Glasser (1981) and Powers (1973) for an elaboration.

Two kinds of perceptions come to our brain from the external world. The authors describe these as 'controlled'

and 'uncontrolled perceptions' (Glasser, 1981; Powers 1973). A 'controlled perception' is essentially one that matches our 'reference perception', or that which we 'want' at any given time. An 'uncontrolled perception' is one that does not match our 'reference perception', in other words, there is a gap between the two. This gap between what we 'want' to perceive and what we are perceiving is known in BCP terminology as an 'error'. ('Error' definition became a component of the definition of problem presented at the beginning of this chapter.) When an 'error' is detected by our brain, an 'error signal' is generated. These 'error signals' drive our behavioral system, causing that system to act in attempts to reduce the 'error'. Referring back to the initial question, of what constitutes a state of homeostasis or nonhomeostasis, when an individual is experiencing an 'error' his system is in a state of nonhomeostasis.

As mentioned, an 'error signal' drives the behavioral system. The behavioral system consists of three avenues for behavioral response to 'error', 'the new information system', 'the redirection system' and 'the reorganization system' (Glasser, 1981).

The new information system is the least sophisticated of the behavioral systems and allows us to respond to simple bits of new information. Glasser uses the example "you knock on a friend's door and wait. He says, 'It is open, come in, and on the basis of the new information you enter" (Glasser, 1981, p. 81).

The 'redirection system' is the behavioral system we would use most often in our day to day response to 'error signal'. It is the system containing all of our 'old learnings', our memory, and all of the behaviors we have tried before. In response to an 'error signal', this system can do a quick survey of previous responses and select one. It can also serve the purpose of evaluating, learning and storing new response possibilities that come our way.

The 'reorganization system' is the system we start out with in life. It is, according to the authors, a random, illogical system that responds to 'error signals' by simply throwing out response possibilities in an attempt to reduce 'error' (Glasser, 1981). It is not an evaluative system. When we are very young we use this system extensively but as we develop and our 'redirection system' becomes more sophisticated we turn to reorganization less and less. We would still use it, however, in response to a large error. Glasser (1981) described the relationship between the redirection system and reorganization system in the following manner.

> The reorganization system may become active anytime we have a large error, but all it can do is suggest at random that we do something to reduce the error. Usually the sensible redirection system evaluates these suggested behaviors and tends to reject the negatives and accept the positives. In this way a delicate symbiosis is maintained between sensible

> redirection and random, erratic, but potentially creative re-organization (p. 80).

From our behavioral system we generate a behavior to act on the external world in an attempt to obtain a 'controlled perception' or a perception that matches the one in our internal world.

Glasser sees our behavior consisting of all that we do, think and feel. Thoughts and feelings, according to his new way of thinking, are considered components of behavior. To illustrate this point, Glasser (1981) uses the example of depression.

> Painful feeling behaviors like depressing, which until BCP I called depression, do not come from a comparing station (point in our brain where we compare incoming perceptions with our 'reference perception'). They arise from my behavioral system, that is, they are the feeling part of how I percieve the behaviors I choose when I attempt to reduce error. Because it is generated by my perception of a behavior or behaviors, depression has a doing component of lethargy and inactivity, usually coupled with tension, a thinking component in which I may think I'm worthless and hopeless and a feeling component which is the depression (p. 64).

He further clarifies the concept.

> Ordinarily, we tend to call any behavior by the part that we perceive as dominant, for example, we call

> what we do when we move quickly running, or when we try to solve a problem thinking. So it makes sense that when we try to reduce an error through a behavior where the perception of depression predominates we call this a feeling behavior or depressing (p. 64).

Th shift is more than mere semantics as by taking the active form of these words, the suggestions is that the person involved is acting on his world instead of being acted upon by it. The perspective is one in which the individual is in more control and is choosing his behavioral responses. People more readily accept that they choose their behavior than they would accept that they choose their feelings or thoughts. Glasser believes that we choose most of what we do, think and feel, with the exception of psychosis (Glasser, 1981). He goes on further to state that "until we learn this, there is little chance that significant progress will be made in helping people to help themselves" (Glasser, 1981, p. 155). One's position with respect to this concept is critical, be one a therapist assisting a client to solve problems or an individual attempting to solve one's own problems. If we accept that control lays outside and that choices are being made by others, 'self-help' becomes a void concept.

In that behavior is a matter of choice, it is also, according to the BCP model, purposeful (Glasser & Powers, 1982). Its purpose is to act on the external world to

convert 'uncontrolled perceptions' to 'controlled' ones. Our behavior is the 'output' of the whole system. Perceptions from the external world are the 'input'. The output is the attempt to 'control' the 'input'. In this way, if our behavior is our 'output' and our perceptions represent our 'input' then our 'behavior controls our perception' and, thus, the name of the theory (Glasser, 1981; Powers, 1973).

L. Locus of Control

Locus of control, as a personality construct, arose out of Rotter's social learning theory. The construct relates to the role of reinforcement and generalized expectancies; individuals fitting along a continuum in terms of their belief in internal or external control (Rotter, 1966). A belief in external control exists, according to Rotter's (1966) definition, "when a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action....it is typically perceived as the result of luck, chance, fate, as under the control of others, or as unpredictable because of the great complexity of the forces surrounding him" (p. 1). Internal control, on the other hand, involves a person's belief that "the event is contingent upon his own behavior and his own relatively permanent characteristics" (p. 1).

Since its inception, a host of researchers have attempted to relate the construct to a variety of variables, some sociological in nature, and some psychological.

The relationship between the locus of control construct and interpersonal problem-solving skill appears to be somewhat of a 'chicken-egg' one, particularly when one considers the available literature. Theoretically, it makes good sense to this writer, that a) if one sees oneself as having some control over one's environment one is more likely to engage in active problem-solving behaviors, and that b) if one has a number of active problem-solving behaviors at one's disposal, one is more likely to see oneself as having some control over the environment.

Aligned with the first assumption, Baugh (1979), following a review of several marital conflict and problem-solving programs, came to the conclusion that "conflict resolution or relationship problem-solving programs assume that couples possess, or should possess, an orientation of personal responsibility before they can effectively acquire and utilize relationship problem-solving skills" (p. 4). Baugh views the concept of 'personal responsibility' essentially the same as Rotter's internality construct.

The implication is that, if individuals are to obtain optimal value from a problem-solving skills program, they should be internal at the outset or the program should be preceded by pretraining in locus of control orientation or personal responsibility (Baugh, 1979). Baugh (1979) maintained that, before this implication could be considered to have merit, it must first be formally demonstrated that

"persons with an internal locus acquired problem-solving skills better than those with an external locus" (p. 6). Her 1979 study was designed to address this issue.

Prior to exposure to a problem-solving skills workshop, Baugh (1979), tested a sample of married couples and classified them as internals, externals or mixed (one partner internal and the other external). Following participation, couples were evaluated on the basis of their acquisition of conflict/problem-solving skills. No significant differences were detected between groups, all reflecting substantial development. Although her findings did not support the hypothesis that internals would acquire skills at a superior rate, Baugh cited a number of factors that may have accounted for this. Firstly, she indicated that the lack of significant differences could have been due to what she referred to as 'the robustness of the training program'. In other words, the training program could have been so comprehensive that all groups benefitted regardless of locus of control orientation (Baugh, 1979). Secondly, compared to 'normal' population, Baugh's subjects were somewhat more 'internal' at the outset, regardless if they were classified as internal, mixed or external according to the classification system employed in the study. Thus, according to Baugh, "subject recruitment marginally resulted in a meaningful comparison between internal, external, and mixed groups" (p. 65).

Although not applicable to one of her initial hypotheses, Baugh's study reported some interesting findings with regard to this writer's second assumption; that if one has a number of active problem-solving behaviors at one's disposal, one is more likely to see oneself as having control over one's environment. She found that all three groups in the study, regardless of initial locus of control orientation, became more internal following participation in the problem-solving skills training program (Baugh, 1979).

Baugh's study stands out in that it highlights the relationship between locus of control and problem-solving ability. Other researchers have eluded directly and/or indirectly to aspects of this relationship. Following a survey of studies that touch on the nature of this relationship, Heppner (1978) indicated that "evidence suggests that people who express confidence in their ability to control aspects of their environment tend to be better problem-solvers" (p. 367).

Wilkinson (1976) looked at the effect of real life problem-solving training on the locus of control orientation and self-concept of college students. Although subjects demonstrated improvement in problem-solving skills following training, there was no observable impact on the other two variables.

A variety of studies have demonstrated a relationship between the occurrence of an internal orientation and certain behaviors normally considered good problem-solving

behaviors. MacDonald (1973) indicated that,

> fifty percent of the locus of control literature can be summarized by saying that internals and externals occupy different positions on the instrumental-expressive behavior dimension. Internals engage in more instrumental goal directed activity, whereas, externals more often manifest emotional non-goal-directed responses (p. 171).

Baugh (1979) cites several studies that suggest an internal locus of control is related to other characteristics normally associated with good problem-solvers including "nondogmatism, greater information seeking, more constructive responses to frustration and greater action taking" (p. 34).

There appears to be evidence supporting and refuting both sides of the 'chicken-egg' argument that, a) internals make good problem-solvers, and b) enhancement of problem-solving skills may increase internality.

As there is some evidence to associate internality with other characteristics of good problem-solving and that increased internality may be an offshoot of problem-solving training, it seems reasonable to include locus of control training or personal responsibility training in a problem-solving skills program. Utilizing Reality Therapy and BCP as the underlying models for a program makes this inclusion inevitable. Acceptance of personal responsiblity is an essential concept to Glasser's early writings and the

whole idea of using BCP as a means of helping people take more control over their lives is the core of his current work.

M. Self-Esteem

Even though the construct of self-esteem has suffered from definitional difficulties, how an individual feels about him or herself is psychologically too important to be disregarded. For this reason, Crandall (1973) indicated that "reviews of the literature suggest that self-esteem has been related to almost every variable at one time or another" (p. 45).

For the purposes of this project, the definition of the construct will be kept as simple as possible and it will be discussed only as it relates to interpersonal problem-solving training and the particular model evaluated in this study.

Crandall (1973) has provided a straightforward definition. He sees self-esteem as "liking and respect for oneself that has some realistic basis" (p. 45).

The hypothesis that will become part of this thesis involves change in self-esteem following treatment intervention. In this context the question becomes how does one initially attain self-esteem and, once attained, how can it be enhanced? The reply to this question will depend on the orientation one adopts.

From Glasser's viewpoint, positive self-esteem would be related to 'success identity'. The way to gain a success identity is through behaviors that allow one to meet one's basic needs. The emphasis here is on the behaviors, in other words, an individual's success is dependent on what he does. A training program, revolving around Glasser's concepts would, therefore, involve teaching people better behaviors to meet their needs as a means of enhancing their self-esteem.

Conceptually, it would seem that any program designed to increase an individual's personal competence in any given area (ie. problem-solving skills) would, if successful in that area, also have a positive impact on the individual's overall self-esteem. Studies of training programs using self-esteem as one of their dependent measures have enjoyed varying success. Lloyd (1979) came to the conclusion that, "when reviewing the studies which have attempted to improve the individual's level of self-concept through application of various group strategies and programs, one is faced with a wealth of conflicting results. The number of studies which report results of no change in self-concept is roughly equal to the studies that do report a positive change in self-concept" (p. 36). These inconclusive findings are due primarily to the vagueness of the concept and consequent difficulties in measurement. Burns (1979) indicated that "consideration of research literature covering studies conducted on the self-concept reveals quite starkly the

considerable variation in measurement procedures utilized by investigators who differ widely in theoretical orientation and in the meaning they each apply to the particular self-construct term they are attempting to study" (p. 72). Terms such as self-concept, self-esteem, etc., have been used interchangeably in the literature.

Research evaluating the impact of interpersonal problem-solving training would not be exempt from the difficulties Burns has identified. The studies reviewed here have utilized varying constructs that are certainly conceptually directly tied to the self-esteem construct. These include self-concept, self-confidence, sense of personal competence, etc.

Goldsmith and McFall (1975) reported gains in the self-esteem of psychiatric patients following exposure to an interpersonal skills training program. The program was of a general nature, encompassing more than a specific problem-solving strategy. Measures included global self-rating scales, self-report measures of specific interpersonal comfort and competence, behavioral measures of performance in specific problem situations, and a simulated interaction approximating a real-life encounter. Interpersonal skills training came out superior to a group treated by a different approach and a no treatment control group on all measures (Goldsmith and McFall, 1975).

Wilkinson (1976) investigated the impact of real-life problem-solving training on the self-concept of college

students. The training had no measureable effect on the students' self-concept, however, most of the subjects indicated that the training had assisted them in dealing with their personal problems.

Morton (1955) found that, following exposure to a structured problem-solving program, psychiatric patients demonstrated an "increase in general adjustment as well as increased feelings of self-confidence in such areas as relationships with parents, peer relations, academic performance, marriage goals, and so forth" (Cited in D'Zurilla & Goldfried, 1971, p. 110).

Dixon, et al. (1979) discovered that university students reported perceptions of increased personal competence in specific skills following participation in a skills training workshop.

N. Research Hypothesis

Interpersonal Problem-Solving Skills

This study involves the development and evaluation of an interpersonal problem-solving skills workshop. The program is evaluated based on changes observed in participants with respect to specific skill and personality variables following their participation in the program. Specific hypothesis tested are as follows.

Interpersonal Problem-Solving Skills

Research involving the evaluation of interpersonal problem-solving skills has demonstrated that training programs are a viable means of enhancing these skills in specific areas. Based on these findings the following hypothesis is put forth with respect to the present program.

Hypothesis 1

Individuals will demonstrate increased 'means-ends' thinking ability immediately following participation in the training program.

Locus of Control

Research evidence cited supports the contention that enhancement of interpersonal problem-solving skills may impact locus of control orientation in the direction of increased internality. Based on this evidence the following second hypothesis will be tested in the present study.

Hypothesis 2

Individuals will become more internal with respect to their locus of control orientation immediately following participation in the training program.

Self-Esteem

Various studies have demonstrated that skills training can have a positive impact on constructs directly and

indirectly related to self-esteem. The following hypothesis is proposed, based on these findings.

Hypothesis 3

Individuals will demonstrate an increase in their overall level of self-esteem immediately following participation in the training program.

Follow-Up Study

Previous research has suggested that a length of time must elapse before the impact of skills training will be observable in relation to locus of control. It is reasonable to assume that the same may be true with respect to other variables. For this reason, the fourth hypothesis of the present study is as follows.

Hypothesis 4

Gains evident immediately following the training program on all three variables will be enhanced following a three month interim period.

O. Summary

This chapter has provided a summary of the relevant research and general literature regarding interpersonal problem-solving as well as a description of the particular models employed in this investigation. The chapter that follows is a presentation of the researh methodology.

III. METHODOLOGY

A. Subjects

Forty adult subject volunteers were recruited in response to an advertisement in local newspapers. A request was made for volunteers to participate in an interpersonal problem-solving skills workshop as part of a nonprofit research project at the university. Subjects registered by telephone and were randomly assigned to treatment (N=20) and control groups (N=19).

Demographic data collected at the time of the pretest provided the following profiles for the two groups. The treatment group consisted of seven males and thirteen females with a mean age of 32.1 years. Exactly half of the subjects were married. Level of education ranged from completion of a portion of a high school program to completion of a university or college program.

The control group was made up of twelve males and seven females with a mean age of 38.8 years. There were five single subjects and fourteen married. Level of education ranged from completed grade school to completed college or university program.

B. Design

A pretest, post-test control group design was employed. A skills training program provided the treatment intervention.

At the time of registration participants were given a choice of two time periods, each spanning three weeks. If they chose the first period, they were assigned to the treatment group and if they chose the second period, they were assigned to the control group.

Additionally, each group was broken into two groups such that there were ten subjects in each of the treatment groups, ten in one control group and nine in the other. Subjects were assigned to a group on the basis of which evening they could participate in the program. The purpose of splitting the groups was that the investigator believed small group instruction to be superior. Precautions were taken to ensure that program content remained consistent across all groups. The program was taught by the same individual who utilized a structured and detailed curriculum. For the purposes of the data analysis the two treatment groups were lumped together as were the two control groups.

The majority of subjects (treatment and control) completed the pretests in a single group administration. Due to scheduling difficulties, there were some exeptions, however, all subjects completed the pretests within a three week interval.

Following completion of the pretests, treatment subjects participated in the treatment program. Immediately following the program treatment subjects completed the post-test.

Control subjects completed the post-test within five days of treatment subjects. Once all of the data was collected, controls participated in the treatment program.

It should be noted that two treatment subjects and two control subjects completed the post-tests aprroximately six weeks after the other subjects. This was due to the fact that these particular individuals were unable to attend the post-test sessions. As there were two such cases in each group, their data was included in the analysis.

Following this intitial post-test subjects were informed as to what the tests were measuring and the purpose of the study.

A follow-up post-test of data was administered by mail to treatment subjects.

C. The Training Program

The program consisted of six, two-hour sessions delivered over a period of three weeks. The presentation style involved a combination of didactic, modelling and experiential techniques. In addition, subjects were asked to complete homework assignments between sessions. These assignments were designed to complement and reinforce principles discussed in the program. A trainer manual and participant homework manual were developed and are found in Appendix A.

The purpose of the workshop was to teach participants a method of interpersonal problem-solving and to facilitate

the transfer of skills learned in the sessions to situations in subjects' personal lives.

The sessions were structured around the eight steps that comprise the Reality Therapy model. Sessions one through four were designed to teach the first four steps of the model, each session focusing on one of the steps. Session five focused on the final three steps and session six was reserved for review. Starting with the second session, a case study was provided as the concluding exercise. The cases were developed on the basis of real life problem situations. Subjects were asked to deal with the case in groups, using each of the steps they had learned up to that point. By session five they were applying the entire process to a case example.

In order to facilitate transfer of skills to problems in participants' personal lives, a homework manual was provided. As mentioned, this manual was designed to complement principles being learned in the actual sessions. Subjects were asked at the outset, to select in their own minds an interpersonal problem they were experiencing. They were told that they would not have to share the problem in the workshop, but were to use it as the raw material for their homework assignments. The instructor was available after each session for individual consultation with regards to homework.

Wherever possible, the "basic needs" of love and belonging, self-worth, fun and freedom were taken into

consideration in the design and implementation of the training program.

All sessions took place in a counseling clinic located on the university campus.

The present investigator, a Certified Reality Therapist, served as instructor for all sessions.

Of the twenty subjects in the treatment group six missed one session each, therefore, all subjects attended at least five of the six training sessions.

D. Instruments

A total of four research instruments were administered, three on a pretest and post-test basis and one on a pretest basis only.

The vocabulary portion of the Shipley Institute for Living Scale (Shipley, 1940) was administered as a pre-test screening device.

Locus of control was measured by Rotter's Internal-External Locus of Control Scale (1966). The Coopersmith Self-Esteem Inventory (1967) was employed to assess self-esteem. Interpersonal problem-solving ability was measured utilizing the Means-Ends Problem-Solving Test developed by Platt and Spivack (1975).

Validity and reliability data of these scales will be discussed next.

Shipley Institute For Living Scale

The Shipley Institute For Living Scale was originally developed by Walter Shipley in 1940.

The test was designed initially as a quick measure of intellectual impairment. Bartz and Loy (1970), however, have indicated that in recent years, "research has pointed towards its greater utility in clinical settings as a brief estimator of current intellectual functioning (p.74).

The test consists of two parts, a vocabulary test and an abstraction test. Each part is self-administered in a ten minute maximum time period, for a total of twenty minutes administration time.

For the purposes of the present study, only the vocabulary section was administered. It has been used as a quick vocabulary screen to ensure that all participants could cope with the vocabulary utilized in the training program. This measure was complemented by subjective observations of instructor as to whether or not participants were grasping the concepts as they were taught.

The vocabulary test consists of forty multiple-choice items, appearing in order of increasing difficulty.

The Shipley is scored by hand, one point allotted for each correct answer. A correction for slowness is allowed, one point being given for each item not completed. Although the raw score can be converted to a mental age or vocabulary age and an I.Q. score, raw scores were utilized for the purposes of this investigator.

Split-half reliability coefficients were measured by Shipley, who obtained a high coefficient of .87 for the vocabulary test.

Anastasi has since indicated that due to the nature of the scale the split-half method of calculating reliability may not have been the best measure (Anastasi, 1976).

Using a test-retest method, Goodman, Streiner and Woodward (1974) obtained coefficients ranging from .31 (4 months) to .76 (2 months) on the vocabulary portion of the scale.

No validity information is available on the vocabulary section independently. Scores from the total test have, however, been found to have high criterion validity when correlated with such well known scales as the Wechsler-Bellvue. Bartz and Loy (1970) found evidence in a number of studies of correlations between Shipley scores and the Wais Full Scale I.Q. as high as .73 to .90.

Rotter's Internal-External Locus of Control Scale

The Internal-External Locus of Control Scale was developed by Julian B. Rotter in 1966. It was one of the first instruments developed to measure a construct based in Rotter's social learning theory (Rotter, 1954). Subsequent instruments have been developed as measures of the locus of control construct, however, Rotter's original scale (hereafter referred to as the I-E Scale) has received the most attention in research literature.

The scale measures the extent to which a person is internal or external in their dealings with the world. McDonald (1972) defines the concept in the following manner: People who believe they have some control over their destinies are called 'Internals', that is, they believe that at least some control resides within themselves. 'Externals', on the other hand, believe that their outcomes are determined by agents or factors extrinsic to themselves, for example by fate, luck, chance, powerful others, or the unpredictable" (p. 44).

The test consists of twenty-three items plus six fillers for a total of twenty-nine items. Each item includes two statements, one internally oriented and the other externally oriented. Respondents are asked to indicate which of the statements they agree with most. The scale is forced-choice in nature.

Instructions to the testee are simple and the test can be self-administered. Although there is no time limit, the 'I-E Scale' can be completed in approximately fifteen minutes.

Hand scoring yields a raw score of the total number of external statements chosen. The lower the score, therefore, the more internal the respondent's orientation and the higher the score the more external.

Reliability data indicated test-retest reliability coefficients of .72 after one month and .55 after two months (Rotter, 1966).

In terms of discriminant validity, MacDonald (1973) indicates that Rotter's scale has received criticism on two counts. Firstly, more recent studies reflected significant correlations between the scale and certain measures of social-desirability (Hjelle, 1971; Cone, 1971). MacDonald (1973), however, indicates that the "correlations with measures of social desireability are typically low" (p.229). Secondly, evidence has pointed to a multidimensionality problem. However, Rotter's early work on the scale revealed on general factor accounting for much of the total scale variance (MacDonald, 1973, p. 228).

Coopersmith Self-Esteem Inventory

The Self Esteem Inventory was developed by Coopersmith in 1967. Crandall (1973) indicated that the scale measures "evaluative attitudes toward self in several domains such as home, school, work etc." (p. 84).

The form employed in the present study is the short form, consisting of twenty-five items condensed from the long form made up of fifty items. Each item is a short self-related statement and respondents are simply asked to indicate whether the statement is 'like them' or 'unlike them'.

The test can be self-administered and takes approximately ten minutes to complete.

The form is hand scored, the raw score reflecting the total number of "positive" self-statements indicated. The

higher the score, the higher the respondents self-esteem is considered to be. Reliability data is available for the long form only. Taylor and Reitz (1968) obtained a split-half reliability coefficiant of .90 (Cited in Crandall, 1973). Although the short form would be less stable to some degree due to the difference in length, it was found to correlate over .95 with the longer form (Crandall, 1973). It is unlikely, therefore, that there is a significant loss in reliability with the use of the shorter form.

Correlations ranging from .02 and .66 have been found between the Coopersmith and other recognized scales (Getsinger et al, 1972; Crandall, 1973; Ziller, et al, 1969).

Means-Ends Problem-Solving Test

The Means-Ends Problem-Solving Test (hereafter referred to as MEPS) was developed by George Spivack and Jerome Platt in 1975. The test is a measure of a particular aspect of the total process of real life problem-solving, namely means-ends thinking ability. Platt and Spivack (1975) define means-ends thinking as "an individual's ability to orient himself to and conceptualize means of moving toward a goal" (p. 1).

The test consists of ten items, each of which presents the testee with a real-life interpersonal problem situation. The beginning of the dilemma and conclusion are presented and the respondent is required to provide a story that

connects the two, in other words, the middle portion. Platt and Spivack (1975) have indicated that for minimal reliability, at least three of the items must be administered. For the purpose of this study six were administered.

Respondents receive credit for each identifiable mean, for each separate indication of a passage of time, and for each identified obstacle that the story protagonist may encounter. The total of these three provides a MEPS score for each story. Story scores are added to obtain an overall test score.

Scoring procedures were revised in 1981 (Spivack, Shure & Platt, 1981). These new procedures have been utilized in this ivestigation. New reliability and validity data has, as yet, not been published with respect to the adult form. Consequently reliability and validity data are quoted from the original 1975 manual.

Results of test-retest reliability studies indicate coefficients of .64 after five weeks and .43 after eight months when the test is self-administered as it was in the present study. The coefficients were obtained with two types of populations, college males and institutionalized delinquent males, respectively (Platt and Spivack, 1975).

An odd-even reliability coefficient (Spearman Brown Formula) of .84 for males and .82 for females was obtained using a sample of psychiatric patients. Similarly employing the Kuder Richardson coefficients of .82 for males and .80

for females were obtained in a psychiatric population (Platt and Spivack, 1975).

With respect to construct validity several studies (Platt & Spivack, 1972, 1973; Platt, Spivack, Altman, Altman & Peizer, 1974) have reflected that the measure "consistently discriminates groups of individuals differing in their levels of demonstrated adjustment" (p. 59).

A factor analysis performed by Platt and Spivack (1975) revealed that a single factor accounts for the variation.

E. Scoring

The Shipley, Rotter Locus of Control Scale and the Coopersmith Self-Esteem Inventory were scored by the investigator and an assistant using the scoring keys provided. The Mean-Ends Problem-Soving Test was scored by one independent scorer using the scoring guidelines provide by the authors of the test.

F. Summary

This chapter has included a description of the sample, the research design and instruments, as well as, a brief description of the treatment intervention.

Chapter 4 will present the results of the data analysis.

IV. RESULTS

A. Purpose Of The Analysis

The purpose of the following analysis is to determine whether or not the data supports the existence of a treatment effect with respect to each of three constructs, problem-solving ability, locus of control orientation and level of self-esteem. Each of the contructs have been measured on a pre and post-test basis.

A one way analysis of covariance with the pretest operating as the covariate has been employed. The technique has been chosen as it serves the purpose of controlling or adjusting for any uncontrolled variables that are related to pretest ability, thereby increasing the strength of the test of treatment effect. The data analysis that follows provides support for the choice of this particular statistical technique.

B. Assumptions of the Analysis of Covariance

Two assumptions govern the use of analysis of covariance; the homogeneity of variance and the homogeneity of the regression coefficient.

The homogeneity of variance implies that post-test scores are, conditional on observed pretest scores, independent, normal, random variables with the same variance estimates.

The homogeneity of the regression coefficient implies that, for both treatment and control groups, a linear relationship between pre and post-test scores is assumed and the slopes of these two lines are equal. Tests have been performed on the data to assure that these two conditions have been satisfied with the existing data. The findings are presented in tabular format in Appendix B.

With the exception of the homogeneity of variance on the self-esteem measure, the conditions were met for all research constructs.

The observed level of significance for the test of homogeneity of variance (self-esteem) 0.029 is less than .05. This indicates that this condition was not satisfied in this particular instance. Consequently, the power of the test of treatment effect is reduced to a certain degree. However, the findings of the analysis of covariance for self-esteem (Table 6) were so strongly indicative of no treatment effect that the results can still be considered reliable.

The analysis of covariance has been presented in such a manner that each of the four research hypotheses are considered independently. The level of significance has been set at .05.

C. Descriptive Data

Prior to the discussion of the analysis of covariance, descriptive information will be presented for each measure.

The Shipley vocabulary test was administered as a screening device on a pretest basis only. Only one subject obtained a vocabulary score below what may be considered adequate for comprehension of the concepts taught in the training program. He was a control subject. As there was only one case, and informal analysis revealed that inclusion of his scores did not significantly effect the overall results, he was included in the data analysis.

The sample means and standard deviations for the "Means-Ends Problem Solving" scores are presented in Table 1.

It can be noted here, that the treatment group demonstrated somewhat greater ability in means-ends thinking at the time of pretest.

While post-test means were essentially the same for both groups, the treatment group mean reflected a small decrease pre to post while the control group mean showed an increase.

These findings must be interpreted with caution as the differences are extremely small and, as the following analysis will reveal, not statistically significant.

The sample means and standard deviations for the Rotter locus of control scores are presented in Table 2.

TABLE 1
MEANS AND STANDARD DEVIATIONS:
MEANS-ENDS PROBLEM SOLVING TEST

PRE AND POST-TEST MEASURES FOR
TREATMENT AND CONTROL GROUPS

GROUP	PRETEST		POST-TEST	
	Mean	S.D.	Mean	S.D.
Treatment[1]	22.0500	7.605	20.650	6.907
Control[2]	17.4737	5.6110	20.368	8.308

TOTAL N = 39

[1] Treatment N = 20; Male = 7, Female = 13.
[2] Control N = 19; Male = 12, Female = 7.

TABLE 2
MEANS AND STANDARD DEVIATIONS
LOCUS OF CONTROL

PRE AND POST-TEST MEASURES FOR
TREATMENT AND CONTROL GROUPS

GROUP	PRETEST		POST-TEST	
	Mean	S.D.	Mean	S.D.
Treatment[1]	8.600	3.775	7.600	3.992
Control[2]	6.684	4.900	5.842	5.102

TOTAL N = 39

[1] Treatment N = 20; Male = 7, Female = 13.
[2] Control N = 19; Male = 12, Female = 7.

An examination of the means reveals a shift of similar magnitude towards increased internality for both groups pre

to post. Once again, these differences are small and not statistically significant.

Table 3 presents the sample means and standard deviations for the "Coopersmith Self-Esteem" scores.

TABLE 3
MEANS AND STANDARD DEVIATIONS
SELF-ESTEEM

PRE AND POST-TEST MEASURES FOR
TREATMENT AND CONTROL GROUPS

GROUP	PRETEST		POST-TEST	
	Mean	S.D.	Mean	S.D.
Treatment[1]	13.950	5.817	15.600	6.091
Control[2]	17.684	4.726	18.211	5.138

TOTAL N = 39

[1] Treatment N = 20; Male = 7, Female = 13.
[2] Control N = 19; Male = 12, Female = 7.

An examination of the means reveals a slight shift toward a higher level of self-esteem for both groups between pre and post-test. The analysis of covariance, presented as follows does not reflect significance in these results.

D. Analysis Of Covariance

As mentioned, an analysis of covariance was performed for each construct to determine whether there was a treatment effect once the pretest level of ability was adjusted.

E. Summary Of Analysis Of Covariance: Problem-Solving

Hypothesis 1

Subjects in the treatment group will demonstrate an increase in their means-ends thinking ability immediately following their participation in the treatment program.

In order to determine whether or not a treatment effect existed, an analysis of covariance was performed. The summary of this analysis is presented in Table 4.

TABLE 4
SUMMARY OF ANALYSIS OF COVARIANCE
MEANS-ENDS PROBLEM-SOLVING TEST

SOURCE	SS	DF	MS	F-RAT.	PROB.
EFF.	21.478	1.	21.478	0.412	0.52488
COV1	273.565	1.	273.565	5.251	0.02789
ERR.	1875.367	36.	52.0940		

* $p < .05$

The observed level of significance of $p < 0.52488$ indicates that no treatment effect was observed with respect to means-ends problem-solving ability. The treatment subjects did not demonstrate an increase in their means-ends thinking ability immediately following their participation in the treatment program. In fact, as mentioned, in the discussion of the descriptive data, a slight decrease was observed in post-test scores for that group.

The observed level of significance with respect to the covariate (pretest scores) $p < .02789$ was less than .05 indicating that most of the variance can be attributed to pretest ability. Hypothesis 1, therefore, is rejected.

F. Summary Of Analysis Of Covariance: Locus of Control

Hypothesis 2

Subjects in the treatment group will demonstrate a shift in their locus of control orientation toward increased internality immediately following their participation in the training program.

The summary of the analysis of covariance performed on the locus of control scores is provided in Table 5.

TABLE 5
SUMMARY OF ANALYSIS OF COVARIANCE
LOCUS OF CONTROL

SOURCE	SS	DF	MS	F-RAT.	PROB.
EFF.	0.011	1.	0.011	0.003	.95929
COV1	615.688	1.	615.688	142.409	.0000
ERR.	155.641	36.	4.323		

* $p < .05$

The observed level of significance of $p < 0.95929$ indicates that there is no statistical evidence to support the existence of a treatment effect with respect to locus of

control. Treatment subjects did not demonstrate a statistically significant shift towards increased internality following their participation in the treatment program. Hypothesis 2, therefore is rejected.

G. Summary Of Analysis Of Covariance: Self-Esteem

Hypothesis 3

Subjects in the treatment group will demonstrate an increase in their level of self-esteem immediately following their participation in the treatment program.

The summary of the analysis of covariance for the "Coopersmith Self-Esteem" scores is presented in Table 6.

The observed level of significance of 0.29401 is greater than .05. This indicates that the statistical evidence does not support the existence of a treatment effect. Treatment subjects did not demonstrate a significant shift in their level of self-esteem immediately following the treatment program.

The observed level of significance of the covariate (pretest scores) (0.0) indicates that almost all of the variance can be attributed to pretest ability. Hypothesis 3, therefore is also rejected.

TABLE 6
SUMMARY OF ANALYSIS OF COVARIANCE
SELF-ESTEEM

SOURCE	SS	DF	MS	F-RAT.	PROB.
EFF.	7.516	1.	7.516	1.134	0.29401
COV1	941.379	1.	941.379	142.041	.00000
ERR.	238.590	36.	6.627		

* p < .05

H. Findings Of The Follow-Up Study

Hypothesis 4

Gains observed in the initial post-test on all three variables (problem solving ability, locus of control and self-esteem) will be increased following a three-month interval.

The follow-up post-test was mailed to nineteen of the twenty treatment subjects, following a three month interval. Responses were received from only seven subjects. Consequently, this data was considered insufficient to warrant inclusion in the formal data analysis. However, an informal data analysis yielded the following information.

Problem-Solving

One of the seven subjects responding to the follow-up study refused to complete the problem-solving test.

Consequently, results for this particular measure are available for only six subjects. Of these, one increased his problem-solving score and five evidenced a decrease.

Locus Of Control

Of the seven subjects who responded, one shifted slightly in the direction of greater internality and six shifted slightly in the direction of increased externality.

Self-Esteem

Of the seven subjects for which information was available, two slightly increased their self-esteem scores, three maintained the score they had on the initial post-test and two evidenced a slight decrease.

In summary, although response to the follow-up data collection did not warrant the application of formal statistical procedures, the information gathered did not support the fourth hypothesis. These findings must be interpreted with caution as the low rate of return renders their relevance questionable. They have been presented as a matter of interest.

I. Summary Of Overall Results

In summary, the statistical evidence does not support the existence of a treatment effect for any of the research variables. Although a shift occurred in the predicted direction for the measures of locus of control and

self-esteem for treatment subjects, it was not statistically significant and was accompanied by similar shift in control subjects. The shift in the third variable, means-ends thinking ability, was not in the predicted direction for treatment subjects, nor was it statistically significant.

This chapter has provided a description of the purpose and type of analysis performed as well as a summary of the findings.

In the following chapter a discussion of these findings is presented.

V. DISCUSSION OF RESULTS

A. Introduction

In this chapter a discussion of the research findings is presented including practical and theoretical implications. The discussion is speculative and tentative in nature. Each variable will be treated individually.

The chapter concludes with a presentation of the limitations of the study and recommendations for future research.

B. Problem-Solving Means-Ends Thinking Ability

The ability to conceive of means leading toward a particular goal is essential to overall problem-solving. Consequently, the findings of the means-ends thinking measure are of primary interest to the present investigator. No treatment effect was evident with respect to means-ends problem-solving ability. There are a number of possible explanations for this finding. These are as follows:

a) The material presented in the program could have, at the time of the initial post-test, functioned as a confounding influence. A considerable amount of information was presented to subjects over a relatively short period of time. This may have served to confuse them at the time they approached the post-test tasks. It may be that a longer period of time needed to elapse in order for participants to incorporate the new concepts. It may be argued that, if this

explanation held true, more positive shift should have been evident in the follow-up post-test. The follow-up data cannot, however, be used to rule out the explanation due to the poor rate of return and lack of formal analysis.

If this explanation held, one implication would be that future training programs extend over a longer period of time and that efficacy be assessed only after subjects have been given ample opportunity to incorporate the concepts.

b) A second explanation, in line with the first, may lie in the content of the training program. Although the reviews of problem-solving programs that evidenced more positive results did not include detailed descriptions of program content, it is possible that they stayed with the instruction of the actual steps, deleting theoretical discussion (ie. Dixon et al, 1979; Mendonca, Seiss, 1976).

The program under investigation included the instruction of a complex theoretical formulation (BCP) above and beyond the steps of the problem-solving method. This may have interfered with the direct transfer of skills.

It may well be that programs designed as simplistically as possible, with limited content and built in repetition would prove more effective.

c) A third explanation evolves out of the content of the program. Although several programs have approached problem-solving training simply by teaching the phases of a recognized problem-solving model, certain authors have suggested that training must be geared to the specific skill

deficits of clients participating in the training (Dixon et al, 1979; Goldsmith and McFall, 1975). Additionally, Goldsmith and McFall (1975) have indicated that content must also be directed to the specific nature of client problems and the client population. These authors indicate that even though in 1969, D'Zurilla and Goldfried developed guidelines for designing programs tailored to specific client needs, these considerations have been largely ignored in the design of problem-solving training programs. They believe that "for this reason, the available studies provide only tantalizing hints of what might be achieved if proper care were taken to construct skill training programs empirically for specific populations with well defined problems (Goldsmith and McFall, 1975, p. 52). In their 1975 study, Goldsmith and McFall took great care in developing a program geared specifically to their client needs and reported positive results. Preliminary investigations were employed to define specific problems and needs.

The same preliminary steps were not taken in the design of the program evaluated in the present study. This is due partially to the nature of the study and the nature of the population. Firstly, the study was designed to evaluate a program based on a particular problem-solving model. Gearing the program to specific client skill deficits may have necessitated tampering with the model or at least dictated emphasis on particular aspects of the model at the expense of other aspects. Such a move may have interfered with

accomplishing the purpose of the study. This is not to preclude that the purpose of the study supercedes client needs. Future research should be directed toward comparing the efficacy of programs that utilize a general approach with those assessing and gearing their content to specific deficit areas.

A second factor that interfered with the procedure for directing the content toward a specific population was the heterogeneous nature of the population studied. Subjects were recruited through a newspaper advertisement. Consequently, it was possible that the only factor they had in common was the fact that they responded to the advertisement. Goldsmith and McFall (1975) studied a population of male psychiatric patients, a group that is possibly somewhat more homogeneous.

d) The fourth explanation of lack of significant findings also relates to program content. Although, as mentioned, most of the reviews of previous training programs did not include a detailed presentation of actual content, it seems possible that the trainers were teaching directly to the research instrument. There is no difficulty with this approach, particularly if it can be demonstrated to enhance learning. It is mentioned here only in that the problem-solving process taught in the present program may have been less directly tied to the research instrument and thereby yielded less significant results.

In this respect Mendonca and Seiss (1976), however, made a concerted effort to develop a training package bearing minimal similarity to their measure of problem-solving skill and were still able to demonstrate a treatment effect at time of post-test.

e) The assumption underlying the choice of the present study's problem-solving model may have been faulty. It was assumed, or at least, proposed, that a model developed initially as a form of psychotherapy could be transformed and taught to lay people for use as a problem-solving process. Perhaps the success evidenced in the use of Reality Therapy in previous studies is highly dependent on the involvement of a trained therapist in the process (ie. Bratter and Raubolt, 1976). Certainly Glasser has emphasized the role of the therapist, particularly in his discussion of the involvement phase of Reality Therapy. The importance of this factor was not ignored by the present investigator. However, it seemed reasonable to see the potential of Reality Therapy as an individual problem-solving model in light of its step-wise presentation and its similarity to other recognized interpersonal problem-solving models.

More successful results may be obtained if the training program was supplemented by individual sessions with a therapist whose approach was to reinforce the process taught in the workshop. Although this may appear to contradict the purpose of reduced client-counselor contact, it is not contradictory if the goal of trainer and therapist is to

teach a generalizeable approach to real-life problems.

f) Heppner (1978) has suggested that each phase of a problem-solving process can be broken down into a number of requisite skills. Many of these skills are ones employed by counselors in their work with client problems. For example, the problem definition phase involves information gathering, paraphrasing, reflection, specificity, summarization, and so on (Heppner, 1978). Although in the present treatment program exercises were designed to teach some of the requisite skills involved in each step of the problem-solving process, perhaps more assistance was required in these areas. Future programs designed over a longer period and/or supplemented with individual therapy sessions could allow for this additional assistance.

g) Another explanation for insignificant results in the present study could be that the subjects did not experience sufficient practice in transferring the skills to real-life problem situations. Although real-life case studies were provided in most of the sessions; a technique employed in previous training programs (ie. Sharp, 1981; Wagman, 1981); perhaps there were not enough cases provided to facilitate learning and transfer of skills. Additionally, even though participants were asked to complete homework assignments designed to encourage transfer of skills to their personal lives, there was no guarantee that they completed the exercises or practised skills in daily affairs. In reference to one specific technique taught in the workshop, Heppner

(1978) indicated, "Although there is sufficient evidence for the success of the brainstorming technique within a laboratory situation, it remains to be demonstrated if individuals would use such a technique when necessary in everyday circumstances" (p. 371).

Once again, a program designed to monitor client application of the skills may ensure more practice and, thereby, enhance treatment. In the present program the instructor was available after sessions to discuss homework and any difficulties that may have been encountered in applying the skills. This was done on an informal basis. A more formal arrangement may have encouraged completion of assignments and facilitated transfer of learning.

h) The treatment gains may not have been reflected in the research instruments chosen. Comments made by participants during and following the training program indicated that they were benefiting from their involvement. Even though a social desirability factor may have influenced these responses, the comments need not be discounted.

Previous studies referenced have cited results of self-report measures and anecdotal reports as evidence of a treatment effect (ie. Dixon et al, 1979; Goldsmith and McFall, 1975). Indeed, Goldsmith and McFall (1975) stated that "such anecdotal reports highlight the problem of designing standardized and controlled follow-up measures capable of detecting idiographically manifested treatment effects (p. 57).

i) There may be other factors operating that interfere with a person's problem-solving ability. Heppner (1978) cites, for example, anxiety. He suggested that "many personal problems seem to carry with them emotional elements. Investigations indicate that emotionally laden stimuli reduce flexibility of problem-solving patterns in animal as well as human subjects" (p. 370).

In a sample of university students, Mendonca and Seiss (1975), were able to demonstrate that, although a treatment effect was observed in relation to problem-solving ability following a problem-solving training workshop, the effect was enhanced when problem-solving training was combined with anxiety management training.

j) Another possible explanation for insignificant results on treatment effect may revolve around the research instrument itself. The 'Means-Ends Problem-Solving Test' involves writing six short stories. Subjects were required to complete this task twice. Testing time varied from one to two hours. Many of the participants were openly resistant to completing the task on the second occasion. This resistance seemed particularly acute in the treatment group. The tediousness of the task could have influenced post-test performance.

C. Locus of Control

The finding that the treatment did not significantly effect the subjects' locus of control orientation is somewhat surprising in light of the emphasis placed on acceptance of personal responsibility in the Reality Therapy model. It is not surprising, however, if one considers this finding in relation to those regarding problem-solving ability. Certain previous research (ie. Baugh, 1979) has indicated that increased internality may be related to increased problem-solving skill. Given that subjects did not demonstrate a significant increase in problem-solving ability, the fact that there was no significant shift toward internality is consistent with previous findings.

Rosario (1977) emphasized the fact that a period of time may need to elapse before an observable impact of training will be evident in a person's locus of control orientation. The present data did not reflect a trend toward increased internality.

The aspects of program design identified in the preceding discussion as factors that may have influenced the findings on the problem-solving measure, could also have effected the outcome on the measure of locus of control.

D. Self-Esteem

No treatment effect was evident with respect to subjects' level of self-esteem. Although one may expect a more significant shift in this variable following

participation in a workshop, an explanation for the lack of significance may be provided by Glasser in his discussion of the factors affecting self-worth. He has suggested that our self-worth is largely determined by what we do; our behavior. Changes in behavior precede changes in attitude, feeling, etc. Consequently, if subjects in the present investigation were merely attending the workshop, listening to the ideas, receiving them on a purely intellectual plane and not incorporating them in their actual behavior, it is unlikely that a change in an attitude such as self-esteem would be achieved. Although the actual sessions included experiential components, these exercises in and of themselves would not have been sufficient to effect a significant shift. Additionally, behavioral components were built into the homework assignments but, as mentioned previously, there was no formal system established to monitor whether subjects were completing all homework.

The lack of a significant treatment effect with respect to self-esteem cannot wholly be explained away by lack of behavior change on the part of the participants. Another explanation may be inherent in the design of the training program. Step 4 of Reality Therapy involves the design of a behavioral plan for change. In the present training program subjects were asked to develop a plan to deal with a problem in their personal lives. This request was made as part of their homework assignment between the fourth and fifth sessions. Although they were asked to make the plan small

and specific, ensuring that at least one aspect could be completed in the time between sessions, it is recognized that the observable benefits may not have occurred in that short a period of time.

In the event that participants did not continue to apply the concepts to their daily behavior it is unlikely that major gains would occur in a variable such as self-esteem. The implication of this observation is that a longer period of time, supplemented by individual therapy sessions be set up to assist subjects in incorporating the ideas in their day-to-day activity.

One theoretical argument provided in support of the hypothesis of a positive shift in level of self-esteem, was that an increase in an individual's competence in a particular area such as problem-solving ability would have an impact on their self-esteem. Since there was no increase evidenced in subjects' problem-solving scores, the finding of no treatment effect on level of self-esteem is reasonable. There is also evidence to indicate that self-esteem, particularly in adults, maybe somewhat resistant to change. Coopersmith (1967) indicated that self-esteem is a fairly stable personality variable. He cites evidence that "would suggest that at some time preceding middle childhood the individual arrives at a general appraisal of his worth, which remains relatively stable and enduring over a period of several years" (p. 5).

E. Evaluation of Reality Therapy as a Problem-Solving Model

An issue identified in the preceding sections was whether or not Reality Therapy could be transformed from a type of psychotherapy to an individual problem-solving model. The possibility that it could not withstand this tranformation was identified as a possible explanation for the findings of the present study.

It is possible that lack of treatment effect may have been due to factors other than the treatment model itself. These factors have been discussed previously. The findings of this study would not be the sole criterion for elimination of a treatment model that other researchers have found to be a significant form of therapy. The reader is reminded that most of the previous research cited evaluated the model as a type of psychotherapy where a therapist is directly involved. This is the the way it was intended to be used by its originator. The present investigation was designed to evaluate the model applied in somewhat different fashion, as a independent, individual problem-solving model that clients could learn and take away for future use. It is the opinion of this author, that the application of the model in this manner warrants further investigation due to its strengths as a potential model for independent problem-solving.

The strengths of Reality Therapy as an individual problem-solving model have been identified previously and are summarized as follows:

a) Step-wise presentation of the model.

b) Similarity to other recognized problem-solving models.

c) Focus on the present.

d) Emphasis on personal responsibility.

e) Focus on behavior as a more concrete, changeable aspect of an individual's functioning.

f) The steps in Reality Therapy represent not only steps in a problem-solving process but ground rules for that process (Schaughency, 1977).

Some of the difficulties inherent in transforming this psychotherapeutic model into an independent individual model have come to light in this study. It is worthwhile to note that some of the strengths of Reality Therapy as a model for psychotherapists, as considered by this author may become weaknesses when it is utilized independently by clients. These weaknesses are identified as follows:

a) One of the strengths of Reality Therapy as a form of psychotherapy is the emphasis on and benefits of client-therapist involvement. The advantages of this are lost to a certain extent when it is transformed into an individual and independent model. It was not the intention of this study to ignore the involvement aspect or underrate its importance. It had been intended that self-awareness and self-concept building exercises included in workshop sessions would have served to enhance the client's involvement with himself. In essence, the client functions

as his own therapist, a goal of interpersonal problem-solving training. Although difficult to ascertain, this involvement may not have been facilitated and, if facilitated, may not have had the same beneficial impact as therapist-client involvement. Glasser sees "involvement" as a critical basis for the subsequent steps of Reality Therapy. Its loss may have a detrimental effect on the utility of the process.

b) A second aspect considered a strength of Reality Therapy as a psychotherapeutic model is the fact that the client is encouraged to make a personal value judgement as to whether or not his behavior is helping. This is also a critical aspect of a problem-solving model and, as mentioned previously, is missing from other recognized models (ie. D'Zurilla and Goldfried, 1971). Only after an individual accepts that current behaviors are not helping, will he really be willing to work on generating new alternatives and trying out new plans. Although this step is essential to any problem-solving process, be it therapist directed or client directed, it may be that when the client is operating independently he may not be able to recognize and overcome his own defenses. A therapist can, on the other hand, recognize these more easily, bring them to the client's awareness and assist him in overcoming them.

c) Although not a purely cognitive approach to psychotherapy, Reality Therapy includes cognitive elements. Cognitive processes are particularly susceptible to the

interference of anxiety. Heppner (1978) has pointed out, as mentioned previously, that anxiety can interfere with an individual's ability to apply problem-solving skills. Although in the Reality Therapy model the anxiety can be defined as the behavior that is not helping (the problem) and processed in much the same way as any other problem, the anxious state may be so overwhelming that the individual cannot even access steps learned.

d) The steps of Reality Therapy are not as clear-cut and easily interpreted as the steps of other problem-solving models.

F. Implications for Reality Therapy

Several implications from the preceding discussion as to the future of Reality Therapy as an individual and independent problem-solving model.

Firstly, the strengths identified warrant continued investigation and attempts at applying the model in this fashion.

Secondly, the weaknesses identified indicate that further research is needed focusing on, a) isolating the factors that accounted for the lack of significant treatment effect in the present study, and b) increased monitoring of therapist-client involvement. Further, studies could be designed that compared the efficacy of, a) teaching Reality Therapy as a proglem-solving model in individual therapy sessions; b) teaching Reality Therapy as a problem-solving

model in a training program such as the one utilized in the current investigation, and c) teaching the model in a training program supplemented by individual therapy sessions.

Reality Therapy was used as the primary model in the development of the present training program. BCP has received less attention in this discussion. It would be amiss, however, to neglect mentioning it in a discussion of the future of Reality Therapy as a problem-solving model. Glasser is currently piloting seminars based on BCP that are designed to encourage individuals to take more independent control over their lives and to provide them with skills and understanding to do this. Although, the theories of Reality Therapy and BCP are distinct from each other, there certainly is consistency and overlap. In the future, steps of Reality Therapy will be incorporated into the new seminars thereby extending its usefulness as an independently utilized model.

G. The Impact of BCP On The Present Investigation

As mentioned previously, due to its relative complexity, the inclusion of BCP theoretical concepts in the training program may have served to confuse or overwhelm participants. They were not only required to learn and apply the steps of Reality Therapy but also integrate the concepts of BCP. The implication may be that the two theories should be taught independently, however, it seems that an extended

program may be a more accommodating solution. It would be unfortunate to delete the BCP input, particularly those aspects that encourage clients to perceive themselves as in control. As mentioned, it is the understanding of this author that Glasser is currently piloting workshops that are based on BCP but also incorporate Reality Therapy. Although formal research has not been done on these workshops, it would be interesting to evaluate them and compare the findings to studies such as the present one.

H. Limitations of the Study

In addition to the weaknesses already identified in the design of the workshop, there are three main additional areas in which the design of the study could have been improved.

Firstly, as is the case in many investigations of this nature, the sample was small. A larger sample would have increased the strength of the statistical analysis. The investigator chose a small sample, however, due to the advantages inherent in teaching to small groups. Learning is enhanced when conditions allow for personal involvement between instructor and student. This belief is consistent with the model upon which the training program was based.

Secondly, given the fact that control subjects evidenced a positive shift, pre to post on all measures, a post-test only control group may have been useful. It would have provided a check on possible test-retest effect.

The third limitation of the study involves the use of the 'Means-Ends Problem-Solving Test'. As mentioned, the length and difficulty of the task resulted in resistance that may have influenced post-test scores. Addtionally, the test taps only one aspect of overall problem-solving ability. The measurement of overall problem-solving competence, is however, a complex task. The Means-Ends Problem-Solving Test was chosen as it appears to be one of the best and most heavily researched instruments available.

I. Summary and Recommendations for Future Research

Previous research has strongly supported the use of didactic programs in interpersonal problem-solving. Although the present investigation did not yield significantly positive results, further research is encouraged particularly with respect to the design aspects of training programs. Research evaluating the efficacy of a program that extends over a longer time period and that is supplemented by individual sessions with a trained therapist is recommended.

Future studies could also be designed in such a way that sufficient follow-up data can be obtained to discern the longterm effects of problem-solving training. It is suggested that follow-up data be collected at repeated time intervals.

More work is required in the design of research instruments that measure interpersonal problem-solving

ability.

In summary, one of the primary arguments in support of the study of interpersonal problem-solving as an approach to counseling is increased client independence. It seems critical in a country such as Canada, where counseling services are not subsumed under public health plans, that any responsible approach having the potential for reducing client-counselor hours receive continuing research attention.

REFERENCES

Antasisi, A. Psychological testing. Macmillan Publising Company, 1976.

Banman, J. Reality therapy bibliography. Los Angeles: Institute For Reality Therapy, 1982.

Bartz, W. R., & Loy, D. L. The Shipley-Hartford as a brief I.Q. screening device. Journal of Clinical Psychology, 1970, 26, 74-75.

Baugh, C. Acquisition of problem-solving skills as a function of locus of control orientation. Unpublished Doctoral Dissertation, Texas Tech. University, 1979.

Bramner, L. M. The helping relationship. Englewood Cliffs: Prentice-Hall Inc., 1973.

Bratter, T. E., & Raubolt, R. R. Treating the methodone addict. In A. Bassin, T. Bratter &, R. Rachin (Eds.), Reality therapy reader. New York: Harper and Row, 1976.

Brown, W., & Kingley R. F. The effect of individual contracting and guided group interaction upon behavior-disordered youth's self-concept. Journal of

School Health, 1975, 45(7), 399-401.

Browne, L. J., & Ritter, J. I. Reality therapy for the geriatric patient. Perspective in Psychiatric Care, 1972, 10(3), 135-139.

Burns, R. B. The self-concept. New York: Longman, 1979.

Cone, J. D. Locus of control and social desirability. Journal of Consulting and Clinical Psychology, 1971, 36(3), 449.

Coopersmith, S. The antecedents of self-esteem. San Francisco: Freeman, 1967.

Crandall, R. The measurement of self-esteem and related constructs. In J. Robinson & P. Shaver (Eds.), Measures of social psychological attitudes. Ann Arbor: Survey Research Centre Institute For Social Research, 1973.

Crutchfield, R. S. Nurturing the cognitive skills of productive thinking. In L. Rubin (Ed.), Life skills in school and society. Washington: Association for Supervision and Curriculum Development, 1969.

Curran, J. P., & Wessburg, H. W. Assessment of social inadequacy. In D. H. Barlow (ed.), Behavioral assessment

of adult disorders. New York: Guilford, 1981.

Davis, G. Current status of research and theory in human problem-solving. Psychological Bulletin, 1966, 66, 36-54.

Dixon, D. N., Heppner, P. P., Petersen, H. P. & Ronning, R. R. Problem-solving workshop training. Journal of Counseling Psychology, 1979, 26, 133-139.

D'Zurilla, T. J., & Goldfried, M. R. Problem-solving and behavior modification. Journal of Abnormal Psychology, 1971, 78(1), 107-126.

German, M. L. The effects of group reality therapy on institutionalized adolescents and group leaders (Doctoral dissertation, George Peabody College for Teachers, 1975). Dissertation Abstracts International, 1975, 36(4-B), 1916. (University Microfilms No. 75-22267)

Getsinger, S. H., Kunce, J. T., Miller, D. E., & Weinberg, S. R. Self-esteem measures and cultural disadvantagement. Journal of Consulting and Clinical Psychology, 1972, 38(1), 149.

Glasser, W. Reality therapy: a new approach to psychiatry.

New York: Harper and Row, 1965.

Glasser, W. The basic concepts of reality therapy. Los Angeles: Institute For Reality Therapy, 1980a. (Pamphlet)

Glasser, W. Reality therapy. In N. Glasser (Ed.), What are you doing? how people are helped through reality therapy. New York: Harper and Row, 1980b.

Glasser, W. Stations of the mind. New York: Harper and Row, 1981. Glasser, W., & Powers, W. T. A diagram of the brain as an input control system. Los Angeles: Glasser TEC Seminars Inc., 1982. (Pamphlet)

Glasser, W., & Zunin, L. Reality therapy. In R. J. Corsini (Ed.), Current psychotherapies. Itasca: F. E. Peacock, 1979.

Goldfried, M. R., & Davison, G. C. Clinical behavior therapy. New York: Holt, Rinehart & Winston,1976.

Goldsmith, J., & McFall, R. Development and evaluation of an interpersonal skill-training program for psychiatric inpatients. Journal of Abnormal Psychology, 1975, 84(1), 51-58.

Goodman, J. T., Streiner, D. L., & Woodward, C. A. Test-retest reliability of the Shipley Institute of Living Scale. Psychological Reports, 1974, 35, 351-354.

Gotlib, I. H., & Asarnow, R. F. Interpersonal and impersonal problem-solving skills in mildly and clinically depressed university students. American Psychological Association, 1979.

Guralnik, D. B. (Ed.), Webster's new world dictionary. Cleveland: William Collins, 1979.

Heppner, P. P. A review of the problem-solving literature and its relationship to the counseling process. Journal of Counseling Psychology, 1978, 25(5), 366-375.

Hjelle, L. A. Social desirability as a variable in the locus of control scale. Psychological Reports, 1971, 28, 807-816.

Jahoda, M. Current concepts of positive mental health. New York: Basic Books, 1958.

Laspina, A. V. The effect of applied reality therapy methods upon creative thinking and behavior (Doctoral dissertation, University of Southern Mississippi, 1976). Dissertation Abstracts International, 1976, 37(4-A),

1991. (University Microfilms No. 76-23016)

Levenson, M., & Neuringer, C. Problem-solving behavior in suicidal adolescents. Journal of Consulting and Clinical Psychology, 1971, 37(3), 433-436.

Liberman, R., Neuechterlein, K., & Wallace, C. J. Social skills training and the nature of schizophrenia. In J. Curran & P. Monti (Eds.), Social skills training. New York: Guilford Press, 1982.

Lloyd, M. W. An evaluation of the life skills program: changes in locus of control, self-esteem and assertion. Unpublished Masters Thesis, University of Alberta, 1979.

MacDonald, A. P. Internal-external locus of control change technics. Rehabilitation Literature, 1972, 33(2), 44-47.

MacDonald, A. P. Internal-external locus of control. In J. Robinson & P. Shaver (Eds.), Measures of social psychological attitudes. Ann Arbor: Survey Research Centre Institute For Social Research, 1973.

McLean, P. Therapeutic decision-making in the behavioral treatment of depression. In P.O. Davidson (Ed.), The behavioral management of anxiety, depression and pain. New York: Brunner/Mazel, 1976.

Mendonca, J. D., & Seiss, T. F. Counseling for indecisiveness: problem-solving and anxiety management training. Journal of Counseling Psychology, 1976, 23, 339-347.

Michael, M. M., & Sewall, K. S. Use of the adolescent peer group to increase the self-care agency of adolescent alcohol abusers. Nursing Clinics of North America, 1980, 15(1), 157-176.

Mink, O. G., & Watts, G. E. Reality therapy and personalized instruction: a success story. Research in Education, ERIC ED 115-323, 1975, 1-12. (Abstract)

Osborn, A. F. Applied imagination. New York: Scribner's Sons, 1963.

Platt, J. J., Hannon, C. S., & Scura, W. C. Problem-solving thinking of youthful incarcerated heroin addicts. Journal of Community Psychology, 1973, 1, 278-281.

Platt, J., & Spivack, G. Problem-solving thinking of psychiatric patients. Journal of Consulting and Clinical Psychology, 1972, 39, 148-151.

Platt, J. J., & Spivack, G. Studies in problem-solving

thinking of psychiatric patients: (I) patient-control differences; (II) factoral structure of problem-solving thinking. Paper presented at American Psychological Association, Montreal. In proceedings 81st Annual Convention of the American Psychological Association, 1973, 8, 461-462.

Platt, J., & Spivack, G. Manual for the means-ends problem-solving procedure. Philadelphia: Department of Mental Health Science Hahneman Medical College and Hospital, 1975.

Platt, J. J., Spivack, G., Altman, D., Altman, N., & Peizer, . Adolescent problem-solbving thinking. Journal of Consulting and Clinical Psychology, 1974, 42(6), 787-793.

Poppen, W. A., & Welch, R. N. Working with overweight adolescent girls. In A. Bassen, T. Bratter, & R. Rachin (Eds.) Reality therapy reader. New York: Harper and Row, 1976.

Powers, W. T. Behavior the control of perception. Chicago: Aldine, 1973. Richard, B., & Dodge, K. Social maladjustment and problem-solving in school-aged children. Journal of Consulting and Clinical Psychology, 1982, 50(2), 223-226.

Richards, C., & Perri M. G. Do self-control treatments last? An evaluation of behavioral problem-solving and faded counselor contact as treatment maintenance strategies. Journal of Counseling Psychology, 1978, 25, 376-383.

Robinson, J. P., & Shaver, P. R. Measures of social psychological attitudes. Ann Arbor: University of Michigan Press, 1973.

Rosario, A. C. The interaction of counseling strategy and locus of control (Doctoral dissertation, University of Texas, 1977). Dissertation Abstracts International, 1977, 38(5-A), 2672. (University Microfilms No. 77-23026.

Rotter, J. B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80(1), .

Sarason, B. R. The dimensions of social competence: contributions from a variety of research areas. In J. D. Wine & M. D. Smye (Eds.), Social competence. New York: Guilford Press, 1981.

Schaughency, B. S. The design, implementation and evaluation of a group workshop utilizing the assumptions of reality

therapy (Doctoral dissertation, University of Pittsburgh, 1977). Dissertation Abstracts International, 1977, 38(4-A), 1904-1905. (University Microfilms No. 77-21226)

Sharp, K. C. Impact of interpersonal problem-solving training on preschoolers' social competence. Journal of Applied Developmental Psychology, 1981, 2, 129-143.

Shipley, W. Shipley institute of living scale for measuring intellectual impairment: manual for directions and scoring key. Hartford: Neuropsychiatric Institute of the Hartford Retreat, 1940.

Shure, M. B. Social competence as a problem-solving skill. In J. D. Wine & M. D. Smye (Eds.), Social competence. New York: Guilford Press, 1981.

Shure, M. B., Spivack, G., & Jaeger, M. Problem-solving thinking among disadvantaged preschool children. Child Development, 1971, 42, 1791-1803.

Sharp, K. C. Impact of interpersonal problem-solving training on preschoolers' social competence. Journal of Applied Developmental Psychology, 1981, 2, 129-143.

Siegel, J., & Spivack, G. Problem-solving therapy: the

description of a new program for chronic psychiatric patients. Psychotherapy: Theory, Research and Practice, 13(4), 1976.

Spivack, G., Shure, M., & Platt, J. Means-ends problem-solving stimuli and scoring procedures supplement. Philadelphia: Department of Mental Health Sciences, Hahneman Medical College & Hospital, 1981.

Wagman, M. Systematic dilemma counseling: theory, method, research. Psychological Reports, 1979, 44, 55-72.

Wagman, M. Systematic dilemma counseling: transition from counselor mode to autonomous mode. Journal of Counseling Psychology, 1980, 27, 171-178.

Wagman, M. Autonomous mode of systematic dilemma counseling. Psychological Reports, 1981, 48, 231-246.

Wallace, C. J. The social skills training project of the Mental Health Clinical Research Centre for the Study of Schizophrenia. In J. Curran & P. Monti (Eds.), Socail skills training. New York: Guilford Press, 1982.

Weissburg, R., Gesten, E., Rapkin, B., Cowen, E., Davidson, E., Apodaca, R., & McKim, B. Evaluation of a social problem-solving training program for suburban and

inner-city third grade children. Journal of Consulting and Clinical Psychology, 1981, 49(2), 251-261.

Wilkinson, L. D. The effect of real-life problem-solving training upon students' problem-solving ability (Doctoral dissertation, University of North Carolina, 1976). Dissertation Abstracts International, 1976, 37(5-A), 2757. (University Microfilms No. 76-24952)

Williams, E. W. Reality therapy in a correctional institution. Corrective & Social Psychiatry & Social Psychiatry & Journal of Behavior Technology, Methods & Therapy, 1976, 22(1), 6-11. (Abstract)

Zapf, R. F. Group therapy with retarded adults: a reality therapy approach (Doctoral dissertation, Fordham University, 1976). Dissertation Abstracts International, 1976, 37(3-A), 1418. (University Microfilms No. 76-21267) (Abstract)

Ziller, R. C., Hagey, J., Smith, M. C., & Long, B. H. Self-esteem: a self-social construct. Journal of Consulting and Clinical Psychology, 1969, 33(1), 84-95.

APPENDIX A:

Problem-Solving Methods Training Program

Instructor and Participant Manual

PROBLEM-SOLVING METHODS

TRAINING PROGRAM

INSTRUCTOR MANUAL

"We believe each individual has a health or growth force. Basically people want to be content and enjoy a success identity, to show responsible behavior and to have meaningful interpersonal relationships."

(W. Glasser and L. Zunin, 1979)

THE PROGRAM

The workshop involves six - 2 hour sessions. Each session will consist of a brief lecture regarding basic theoretical concepts followed by a combination of small and large group discussions and experiential exercises. The sessions have been divided on the basis of the eight steps of Reality Therapy. Participants will learn the process in a logical progression. In order to reinforce the entire process, most sessions will conclude with a case study where participants are asked to apply the process, employing the step learned in that particular session plus the ones learned in the previous sessions. This means that by the time one reaches Sessions V and VI participants will be applying the entire process.

Participants will not be asked to discuss their own personal problems during the actual sessions; however , to facilitate transfer of skills, they will be asked to complete homework assignments outlined in a special "Participants Manual" provided for their use. The homework exercises refer to personal issues and directly complement the progression dealt with in the workshop sessions.

In the design and presentation format of the workshop consideration has been given to what Dr. Glasser has identified as "basic needs":

Love and belonging

Self-worth

Fun

Freedom

Note to Instructors: It is important that instructors using this manual read Glasser's work, particularly Stations of the Mind (see references).

Reference Note: Many of the exercises in both the instructor and participant manual were stimulated by:

Glasser, W. & Powers, W. A diagram of how the brain works. Los Angeles: Glasser TEC Seminars Inc., 1982.

STEPS OF REALITY THERAPY (GLASSER, 1980a)

1. Make Friends!

   Ask: What do I want?

2. Examine Present Behavior.

   Ask: What am I doing now?

3. Make a Value Judgment

   Ask: Is what I'm doing helping?

4. Make a Plan.

5. Make a Commitment.

6. Don't Accept Excuses.

7. Don't Punish and/or Criticize.

8. Never Give Up!

SESSION I

LENGTH: Two hours

PURPOSE:

1. Begin to establish involvement with and between workshop participants.
2. Provide participants with a skeletal outline of what will go on.
3. Introduce basic theoretical concepts of:
    1. Reality Therapy
    2. BCP Psychology
4. Discuss Problem Awareness & Recognition in Self and Others.

SESSION I

LECTURETTE

1. Provide a brief outline of history of Reality Therapy and BCP Psychology.

*2. Introduce basic principles and concepts of Reality Therapy. This will be an outline only, as the concepts will be dealt with in more detail in subsequent sessions.

3. Introduce the eight steps of Reality Therapy - describe how these can be seen as phases of a problem-solving process.

4. Introduce BCP Psychology (Overview Only).

* For items 2, 3, 4 utilize poster size chart of "The Basic Concepts of Reality Therapy" (Glasser, 1982) and "A Diagram of How the Brain Works" (Glasser and Powers, 1982) as a visual aid.

SESSION I

EXERCISES

THEORETICAL RATIONALE

INVOLVEMENT (Step 1)

The purpose of certain following exercises is to begin establishing a level of 'involvement' between workshop leader and participants and amongst the participants. Although this cannot be considered an isolated event as it is a continuous process, it is such a critical aspect of Reality Therapy that it warrants independent attention prior to any further action. Facilitating involvement will be a priority throughout the workshop.

Glasser sees involvement and motivation as critically related. He states: "The effort to change which may be considerable, only comes from motivation through involvement with meaningful others" (Glasser and Zunin, 1979, p. 316). In a summary of Glasser's ideas Ford (1981) indicated that Reality Therapists have always believed that people gain strength through involvement with others whether in family settings, or individual or group counseling sessions (p. 3).

When applying the principles of Reality Therapy to

oneself via a personal and interpersonal problem-solving approach one must be aware that involvement with oneself is as essential as establishing involvement with others. One must in essence "make friends with oneself" (Step 1 of Reality Therapy). Some of the exercises to follow facilitate that goal (i.e. Self-Awareness Exercise).

The involvement stage of Reality Therapy can be seen to correspond to the phase identified in other problem-solving models (i.e. D'Zurilla and Goldfried, 1971) as creation of the proper mental set and problem recognition.

PROBLEM AWARENESS/RECOGNITION

The purpose of some of the following exercises is to assist participants in becoming sensitized to their personal 'signs' or symptoms that they are experiencing a problem. Many helping professionals accept the premise that presenting symptoms (i.e. headaches) are frequently 'signs' of a problem somewhere in a person's life.

Although one might assume that an individual would know when he or she has a personal or interpersonal problem, this assumption may, in many instances, be faulty. Once again, any helping professional will testify that many clients don't recognize they have a problem until it acquires the dimensions of a catastrophe. Ulcer victims are an example of this. The signs are there - it becomes a matter of recognizing them as such.

Various authors treat these 'signs' differently in their discussions. Glasser discusses the process that occurs when we experience an unfulfilled need, general or specific. He says that, at times such as these, we experience what is known in BCP terms as a "perceptual error." "Perceptual error" is defined as "the difference between what we want to perceive and what we believe we are perceiving in the external world" (Glasser & Powers, 1982). For the purposes of this manual the terms problem and "error" will be used

interchangeably. Glasser (1981) maintains that when there is a "perceptual error" there is always an "error signal" and you must do something. "It is a neurological fact of life; it cannot be disregarded" (p. 51). What we do to deal with this "error" will vary; however, it seems highly possible that we may be behaving in response to the error without a conscious awareness that it exists or what it is about. We may be anxious, depressed, having headaches, etc. These behaviors can be seen as 'signs' to the individual that he has a problem (error).

D'Zurilla and Goldfried (1971) treat problem recognition in the following manner:

"It may not always be easy to identify problematic situations when they occur. The usual process of problem recognition has been described most vividly by Miller, Galanter, and Pribram (1960):

> In ordinary affairs we usually muddle ahead, doing what is habitual and customary, being slightly puzzled when it sometimes fails to give the intended outcome, but not stopping to worry much about the failures because there are too many other things still to do. Then circumstances conspire against us and we find ourselves caught failing where we must succeed - where we cannot withdraw from the field, or lower our self-imposed standards, or ask for help, or throw a tantrum. Then we may begin to suspect that we face a problem [p. 171].

As this quote implies, it would appear that one of the important identifying features of problematic situations rests in the individual's affective reaction to it.

Rather than dwelling on this emotional response and perhaps attempting to deal with it by various techniques of cognitive distortion (cf R. S. Lazarus, 1966), the individual should use it as a cue to focus attention on the problematic situation producing it" (D'Zurilla and Goldfried, 1971, p. 112).

The point being made clearly is that one cannot assume one knows when one has a problem. This type of sensitivity may need developing.

PROBLEM RECOGNITION AND AWARENESS IN OTHERS*

EXERCISE

Theoretical Rationale

The whole idea of "interpersonal problem-solving" implies, by definition, the involvement of other people. In order to be a good interpersonal problem-solver, therefore, one must not only be able to recognize when he/she is experiencing a problem but also when another person is experiencing a problem ("error"). Glasser (1981) states: "Errors rapidly increase and decrease but in a good relationship anyone who knows BCP works to keep the total error low. As errors increase relationships deteriorate" (p. 235). In order to work to keep the "error" low one must learn the signals that let you know when another person is having a problem or experiencing "error". Glasser (1981) states further: "As soon as we detect an increase in error in someone we are dealing with, an increase which we should sense when others become tense, show discomfort, or shift to an inadequate behavior, we must alter what we do and attempt to reduce error" (p. 228).

---

* Exercises 2 and 3 in the 'Participants Manual' (homework) facilitate the above purpose.

Pages 127 and 128 inclusive have been
removed due to copyright restrictions.

Contents: Exercise I
"Autographs"

Pfeiffer, J.W., Jones, J.E.
The 1980 annual handbook for group facililators.

San Diego: University Associates, 1980.

EXERCISE 2

"PICK YOUR CORNER" (Unknown Source)

PURPOSE: a) To continue to facilitate involvement between participants using material involving a slightly higher degree of risk.

b) To begin to encourage participants to focus on their "strengths."

c) To facilitate formation of small groups that will be used throughout the workshop.

INSTRUCTIONS:

Prior to the session, the workshop leader selects a number of categories (i.e. cars, animals, flowers, boats, cities, etc.). Each category is then broken down into four or five specific types.

Example: Category - Cars

Specific Types - Corvette
Volkswagen
Station Wagon
Jeep
Mercedes

These specific types (identified for each major category) are placed on placards prior to the session. At the session placards are set up in separate corners

of the room. Participants are asked to review the specific types and select the one that they believe most closely represents their personality. For example: Do they see their personality most appropriately represented by a 'Corvette' or a 'Volkswagen'? Once they have decided, they are asked to go stand under the appropriate placard. The leader then instructs them to discuss with others gathered in that corner quickly why they chose that particular specific type.

They are told, however, that they can only discuss positive aspects of their personality. If it so happens that a participant is under a placard alone, the leader should participate with him/her. Allow the group a few minutes for discussion and then ask them to write down the first names and last initial of everyone in their group. Repeat the procedure with each major category.

After completing a minimum of four categories, ask each participant to review his list and locate individuals who occur on his list two or more times. Once he/she has identified these, ask them to join those people. If this is balanced, groups will be formed. If not, the leader may have to do some arbitrary grouping until groups of four participants are formed. These will be the groups participants will be in for all subsequent group activities.

Pages 131 to 134 inclusive have been
removed duto to copyright restrictions.

Contents: Exercise 3
"Who Should be Saved."

Rubenstein, S.L. & Weaver, R.G.
the plain rhetoric.

Boston: Allyn and Bacon, 1968.

EXERCISE 4

"RECALL AN EXPERIENCE"

PURPOSE: a) To further heighten participants' awareness to their own "signs" that they are experiencing "error" (a problem).

b) Remind participants of the more pleasant sensation - experienced when the "error is reduced" (problem is solved).

INSTRUCTIONS:

Direct participants to close their eyes and get in as comfortable a position as possible. Ask them to recall an experience in the past where they had a complex problem. Instruct them to select one that they eventually were able to solve, even though it took great effort on their part. Have them focus first on the period of time prior to finding a solution when they were in the midst of the problem. Encourage them to recall what happened to their body, mood, relationships. Once they have had a few minutes to do this, have them recall the steps they took to resolve the issue. Finally ask participants to recall the 'feeling' once the problem was solved.

SESSION II

LENGTH: Two hours.

MAJOR OBJECTIVES:

1. Debrief previous homework assignments.
2. Discuss and demonstrate the second aspect of STEP ONE:

   "WHAT DO I WANT?"
3. Discuss STEP ONE in light of other people.

   "WHAT DO OTHERS WANT?"
4. Discuss the whole concept of "error" (problem definition).

   "WHERE AM I EXPERIENCING ERROR?"

SESSION II

LECTURETTE

Introduce Step I briefly from a theoretical perspective, emphasizing the definition and understanding of the following key BCP terms:

1. "Basic Need"
2. "Specific Want"
3. "Error"
4. "Controlling For"
5. "Internal World"

as well as the concept essential to Glasser's thinking - internal motivation (Glasser, 1982).

SESSION II

EXERCISES

THEORETICAL RATIONALE

'BASIC NEEDS' AND 'WANTS' (Step 1)

The primary purpose of this session is to begin the process of establishing what the individual "wants", generally and specifically. At a general level we are asking him to identify which of the "basic needs" is the prime motivator of his/her behavior. At a more specific level we are asking him/her to define the exact ways he/she should like to meet that need, the specific "wants" related to that need. There can be any number of these. Once he/she has determined what it is that he/she wants it is only one step further to determine where he/she is experiencing "error". As mentioned, Glasser and Powers define "error" in BCP terminology in the following manner: "the difference between what we "want" to perceive, and what we believe we are perceiving in the external or real world is our "error" (Glasser & Powers, 1982). For the purposes of this workshop "error" will be considered synonymous with "problem" and, for the most part, will be used in its stead.

This stage of deciding what it is one wants represents the first part of what is considered the "problem

definition phase" in many other problem-solving models.

In a strictly personal "error" (problem) situation (one that does not directly involve other people), an individual is only called upon to identify his own "basic need", his/her own specific "want(s)" and, thereby, his/her own "error". Such purely personal problem situations are fairly infrequent. Much more common are interpersonal "error" (problem) situations.

It is when we involve others that the situation gets complex as Glasser (1981) so aptly demonstrates in his book Stations of the Mind. "Using the graphic example of Robinson Crusoe, Humphrey doesn't see the hostile island environment as Crusoe's main problem. Rather to quote Humphrey, 'was the arrival of the man Friday on the scene that was the real challenge for Crusoe. If Monday, Tuesday, Wednesday and Thursday had turned up as well, Crusoe would have had even greater need to keep his wits about him'" (Glasser, 1981, p. 19).

In interpersonal situations one is called to not only be sensitive to self but also to consider and identify the "basic needs" and specific "wants" of others and thereby define what their "error" may be. There are a number of ways an individual can do this most of them enjoying, at best, sporadic accuracy. The primary difficulty according to Glasser (1981) lies in the fact

that "as we live our lives we create most of the world inside ourselves" (p. 98). We each have our own "internal world" that we create based on our own needs and this world corresponds to the so called real world to varying degrees. Even though this is so, Glasser (1981) goes on to state:

> Nevertheless, we each live our life as if our world is the real world. But since it isn't, as we attempt to live with other people, who all perceive their world as real, life is difficult, because it is so hard to agree. People often have difficulty agreeing on what color their car is; small wonder then that a question like "What is art?" causes so much argument. This is why we need so much intelligence; it constantly takes all we have to figure out how to get along with others whom we need but who live in a different world, their own (p. 98).

In the following exercises participants are asked not only to look at their own "basic needs", "wants" and "error" but also sensitize themselves to the same aspects in others. Although they are asked in some instances to use a generally inaccurate method of determining other's internal worlds - speculation - this is only a warm-up exercise. Ultimately they will be encouraged to approach others in a more direct manner. Glasser (1981) indicates that if we hope to resolve an interpersonal problem "we have a better chance if, following BCP, instead of guessing we sit down and talk with him/her to try to find out what is he/she controlling for" (p. 57). The term "controlling for" is a BCP term meaning that which the person wants (Glasser & Powers, 1982).

EXERCISE 5

"WHAT DOES THE HUMAN ANIMAL NEED?"

PURPOSE: a) To introduce the concept of 'basic need'.

b) To sensitize participants to the primacy of these needs in our lives.

INSTRUCTIONS:

Ask participants to suggest examples of what they see as "basic needs" prior to introducing the ones Glasser has identified. Record these. Discuss the "basic needs" Glasser has outlined. Compare them with those suggested by the group. Discuss ones that are similar and can be subsumed, as well as ones which are different and should be added to the list.

EXERCISE 6

"WHAT ARE YOU CONTROLLING FOR?"

PURPOSE: a) To develop an awareness of the relationship between "basic needs" and behavior.

b) To sensitize participants to the times during a day that they experience "error".

INSTRUCTIONS:

PART A

Instruct participants to write down as many activities they participated in that day as they can recall. After each activity ask them to identify and record the "basic need" that was motivating their behavior at that particular time. Once they have recorded the "basic need" ask them to identify the specific "want" they were "controlling for" in relation to that need. (Review the definition of "basic need" and "specific want" if necessary.)

EXAMPLE 1

ACTIVITY: Phoned my girlfriend

BASIC NEED MOTIVATING: Love and belonging

SPECIFIC WANT: To see a movie

EXAMPLE 2

ACTIVITY: Wrote a budget report for my boss

BASIC NEED MOTIVATING: self-worth

SPECIFIC WANT: Acknowledgement from boss.

PART B

Ask individuals to review their list of 'wants', placing a check beside those in which they experienced "error" (a difference between what they 'wanted' and what they perceived to be happening in the external world). Once they have completed this, they are to go into their small groups and discuss whatever part of the list they feel comfortable sharing.

EXERCISE 7

"THREE WISHES!" (Unknown Source)

(Alternate)

PURPOSE: a) To sensitize participants in a fun way to "basic needs" that may not be as fulfilled in their life as they may wish! These are areas they may consider looking at after the workshop. The exercise should be considered an alternate.

INSTRUCTIONS

To participants: Imagine you have found a magic lantern. A genie emerges and grants you three wishes. Think carefully and when you have selected, write the wishes down.

Now, consider each wish and identify the "basic need" that is hidden in each one. These may represent areas where your needs are not as fulfilled as you would like. They can be filed as areas for future consideration.

EXERCISE 8

"CASE OF THE McNABS"

PURPOSE: a) To develop an awareness and consideration in participants that in any situation involving interpersonal relations, people are likely to be "controlling for" different things.

b) To sensitize participants to clues in situations and in the behavior of others as to what they may be "controlling for".

c) To encourage consideration of the fact that when people are "controlling for" different "needs" and "wants", that there is potential for these "needs" and "wants" to be in conflict.

INSTRUCTIONS:

Participants are asked to the "Case of the McNabs". Then in their small groups they are asked to consider the following questions and record their responses:

1. Although all family members may be motivated by more than one "basic need" select the one that you believe has become a priority for each member in the family's current situation.

2. Consider which of these "needs" are most likely to be conflictual.

PROBLEM

The McNabb family has moved from Toronto to Spruce Grove. The upheaval of the move and a different lifestyle has created havoc and a lot of changes for the entire McNabb family.

Tom McNabb

At age 43, he feels totally fulfilled and satisfied with his job. The new position requires him to travel a lot, and he's really been enjoying the excitement of meeting new people and creating the new position.

His co-workers all seem so friendly and they're constantly inviting him for drinks or a squash game. Tom is amazed at how revitalized he feels and believes that the move west was probably the most positive decision he's ever made.

The only troubling aspect of his new life these days is his wife's constant nagging. He simply cannot understand her discontent with their new home and community. Nothing suits her any more. He's awfully glad to be on the road so much these days.

Julie McNabb

The last two months of her life have felt like an eternity. Not only did she recently turn 40, she's also put on 15 pounds. She finds herself avoiding mirrors lately, and

she can't remember the last time she wore make-up. Why should she bother - she never goes anywhere.

Julie is also feeling very angry at her husband. Tom seems to be having a great time - at her expense. He bounds out of bed every morning like he can hardly wait to be away from her and the responsibilities of home.

Her days are filled with worrying. Even trying to decide which supermarket to try can fill her with anxiety. Who would have thought that even the products would be different in Alberta? She never knows if she's made the right choice.

Then there's the kids. How is a parent to know if the new schools are good? Or if their new friends can be trusted? She's starting to feel like a spy. She finds herself constantly drilling the kids with questions and her son is becoming very upset about it. But, what else can she do?

And she hates those letters from her friends back home. She suspects that they're purposely trying to make her jealous. What good does it do her now knowing how much fun the old gang is having? Hopefully they'll get the hint and quit writing soon. She'll never see them again anyways.

She's not going to go out of her way to meet new people either. After all, nobody is beating down the door to meet her.

Paul McNabb

The confusion of adolesence has Paul in its grip. At age 15 he feels that he's ready to take on the world.

He hated his parents when they told him they were moving. He was tempted to run away. Now he feels a little more comfortable in his new environment. But they still had better watch it.

He has also made a new discovery which definitely has enhanced his life - girls. They just seem to flock around him because they're all impressed with the fact he's from Toronto. Of course the other guys were mad about that - but his athletic ability won him new friends.

Except for his mom. She's constantly on his back. It's question after question. Geez - you'd think that his new friends were ex-cons. Everyone he brings home she finds unacceptable. Except for Bob - she really likes him. And she's pleased to see that his marks haven't dropped. She's convinced that the academic standards at his new school are inferior to his old school in Toronto. Boy, he can't win.

His dad seems really happy these days. They don't spend much time together anymore but they're not fighting either. Maybe he'll have time soon to come to one of our games. He'll be real proud.

Sharon McNabb

Sharon likes her new neighbourhood and all the kids seem pretty friendly. But they're all younger than she is. Being 11 can have its pitfalls. But at least she gets to be the boss.

Her new school is horrible. Her teacher is always criticizing her for not knowing her fractions. But they did it differently in her old school. By the end of math class she always has such a headache that she can hardly see. Her mom says the principal is an idiot too.

All of the other girls dress differently than she does. She always wore pants to school and they wear dresses. Hopefully her mom will feel like going shopping soon.

She can't understand her mom anymore. She's not like she used to be - she never laughs anymore. Maybe it's because she's mad at her for doing so poorly in math. She is really trying. Nobody seems to believe her.

Dad is fun these days. If he's not on a trip or really late coming home from the office, he always tells her stories. That makes her feel really loved. And at least he never asks about fractions. Sharon really misses her dad when he's away. She thinks that mom does too.

EXERCISE 9

"SOMEONE SPECIAL"

PURPOSE: a) Prelude to one of the homework assignments.

b) Sensitize participants to the "needs" of other people and how different people meet their needs in different ways.

INSTRUCTIONS:

Ask participants to select someone, in their mind, who they feel they know very well. On a piece of paper, ask them to write down the "basic needs" identified by Glasser.

Love and Belonging

Worth

Fun

Freedom

After each need instruct them to write down at least four specific ways that person might choose to meet that need.

EXERCISE 10

As an end of session, parting comment, ask participants to consider the following question

a) What were you controlling for when you signed up for this workshop?

BASIC NEED?

SPECIFIC WANT?

SESSION III

LENGTH: Two hours

MAJOR OBJECTIVES:

1. Debrief previous homework assignments.

2. Discussion and demonstration of:

   Step 2 - "Examining Present Behavior"

   "What am I doing now?"

   and

   Step 3 - "Making a Value Judgement"

   "Is it helping?"

SESSION III

LECTURETTE

Brief theoretical discussion of Steps Two and Three, emphasizing the understanding of the following BCP and Reality Therapy concepts and terms:

1. "It's hard to change others"
2. Intervening for change at a behavioral level
3. "Error Signal"
4. "Behavioral System - Output"
5. "Our Behavior is Our Choice"
6. "Feeling Behaviors"
7. "Necessity of a Personal Value Judgement"

SESSION III

EXERCISES

THEORETICAL RATIONALE

EXAMINING PRESENT BEHAVIOR (Step 2)

Psychotherapists have long debated the intervention triangle-feelings, thoughts and behavior, each school having its own belief as to where is the most effective point to intervene for change. In his earlier writings (prior to BCP), Dr. Glasser maintained that "Reality Therapy rests on the premise that human beings have only limited control over feeling and thinking. This is exemplified by simple experiments such as trying not to think of the color red for three minutes or our inability to feel good simply because we want to do so" (Glasser and Zunin, 1979, p. 317). Further, critical to his early thinking and his current ideas is his belief that "identity change follows change in behavior. To a great extent we are what we do, and if we want to change what we are, we must begin by changing what we do and undertake new ways of behaving" (Glasser and Zunin, 1979, p. 315). Although Glasser does not deny the importance of feelings, he has always seen behavior as the most effective point of intervention.

Recently, however, Glasser resolved the intervention triangle for himself. In BCP terms the mind is seen as a control system where we have:

> 'input' which consists of everything that we perceive from the world at any time and 'output' which consists of the sum total of our behavior. All output is behavior and according to Glasser's new way of looking at things our behavior is made up of all we do, think and much of what we feel. Feelings and thoughts become components of behavior. Keep in mind the essential fact that we only become aware of our 'output' as we perceive it, at which point it becomes 'input' (Glasser and Powers, 1982).

To illustrate the fact that thinking and feeling are components of behavior Glasser (1981) explains the example of depression:

> Painful feeling behaviors like depressing, which until BCP I called depression, do not come from a comparing station. They arise from my behavioral system, that is, they are the feeling part of how I perceive the behaviors I choose when I attempt to reduce an error. Because it is generated by my perception of a behavior or behaviors, depression has a doing component of lethargy and inactivity, usually coupled with tension, a thinking component in which I may think I'm worthless and hopeless and a feeling component which is the depression (p. 64).

He goes on to further clarify the concept by stating:

> Ordinarily, we tend to call any behavior by the part that we perceive as dominant, for example, we call what we do when we move quickly running, or when we try to solve a problem thinking. So it makes sense that when we try to reduce an error through a behavior where the perception of depression predominates we call this a feeling behavior or depressing (Glasser, 1981, p. 64).

Two important aspects of BCP should be highlighted at this point. Firstly, our behavior is our response to an "error signal". When we experience an "error", an "error signal" is generated and activates our "behavioral system". In this way Glasser and Powers (1982) see all of our behavior as purposeful, the purpose being to reduce "error".

Secondly, we choose all of our behavior, be that the feeling, thinking or doing component.

It may seem that, placing feeling and thinking into the behavioral realm amounts to nothing more than a semantic difference. It is the opinion of this author, however, that the move has important implications for intervention and change. Consistent with Glasser's early notion that human beings have only limited control over feeling and thinking, placing these within the behavioral realm gives an individual at least the perception he/she has more control. Most people would more readily accept that they would choose and thereby control their behavior, than they would accept that they choose their feelings and thoughts. Glasser has developed a process which helps facilitate this kind of thinking. Put an "ing" on to everything you think and feel - angering, anxietying, guilting, obsessing, catastrophising, etc. (Glasser, 1981). Under this system when we ask the question: "What are you doing?" everything is 'fair

game' as a response.

Step 2 of Reality Therapy therefore, "examining present behavior", requires one to look at all components.

"VALUE JUDGEMENT" (Step 3)

Once one has explored what he/she is presently doing in response to the "error signal" one can begin to evaluate whether or not the behavior is helping. This is what Glasser refers to as making a "value judgement" and he sees it as an essential prerequisite to change. Being the pragmatist that he is, he believes that people will hang onto a behavior as long as they believe it is working and/or they can see no better alternative (Glasser, 1981). They are more likely to give up a behavior if they have personally judged it as ineffective. In making a "value judgement" individuals should be encouraged to consider short and long term consequences. To illustrate, Glasser once again uses the example of depressing. If, for instance, need for love and belonging is unfulfilled, we may start depressing. In the short run this behavior 'works' in that people close to us probably will sympathize, give us a little extra attention, do things to cheer us up, etc. For the short run, over short periods of time depressing may be a good choice in terms of fulfilling our needs. If, however, we continue to depress

for very long, our friends will in all likelihood begin to avoid us, lose sympathy, etc. Our need for love and belonging will again be creating substantial "error" for us.

Steps 2 and 3 basically coincide with the problem definition phase of other models.

As an instructor, remember you are still dealing with the parametres of the problem in terms of how our present behavior may perpetuate it. We do not move into the goal setting and strategy planning (solution) phases until Step 4.

The value judgement will be used throughout the problem-solving process as an evaluative technique.

EXERCISE 11

PURPOSE: a) To heighten participants' awareness of how difficult it is to change and/or control another person.

b) To create a "mind set" whereby participants are prompted to look at their own behavior if they really want to effect a change in an "error situation".

INSTRUCTIONS:

Ask the group if they have ever tried to change another person, without changing themselves. Throw out some examples (i.e. rebellious teenage son or daughter, alcoholic spouse, obstinate and opinionated employee etc). Have each individual, in their own mind, recall an incident like this.

Ask the group to consider the question: If one wants to effect change in a situation where are their chances for success greatest:

1. In their own behavior?
2. In that of others?

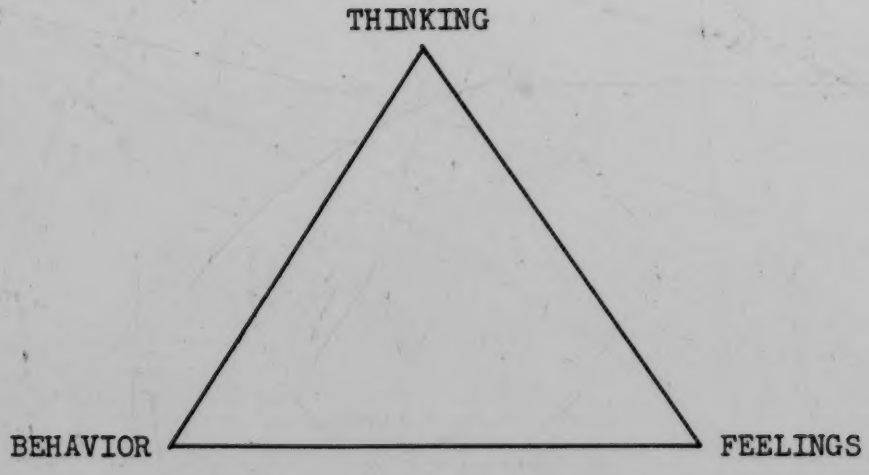
Have an open discussion on these issues. Instructors should introduce Glasser's perspective during the discussion.

EXERCISE 12

PURPOSE: a) To have participants consider the intervention triangle and discuss at which point they feel they have most control.

b) To heighten participants' awareness that they choose much of what they "do".

INSTRUCTIONS:



Draw the above diagram on the board. Ask participants to gather in their small groups and discuss the following question:

If you wished to change some aspect of your functioning - thinking, feelings, behaviors - where would it be most effective to start?

Have a spokesman for each group provide some feedback to the larger group. Discuss Glasser's perspective and reasoning in this regard.

EXERCISE 13

"INGS!"

PURPOSE: a) To encourage participants to experiment with a new way of perceiving themselves whereby all aspects of their functioning are parts of 'behavior' and thereby lending themselves to more personal control.

INSTRUCTIONS

Briefly discuss the topic theoretically - that feeling, thinking and doing are, according to Glasser, all components of behavior.

Give some examples of how "ing" can be a suffix to words that would not normally have such a suffix. Instruct individuals to make up their own quick list of such words. Ask them at first to add "ing" to any word they can think of, particularily those usually considered emotions and/or ways of thinking.

Once they have an individual list, gather in small groups and make a group list.

Follow the small group discussion with a large group meeting. Have a spokesman from each group share their list. Record suggestions on the board.

Conclude the exercise with an open discussion on how this sort of process can change one's perspective.

EXERCISE 14

"AN OUTING"

PURPOSE: a) To place participants in a "here and now" situation which they can use to practise examining and evaluating "present behavior".

INSTRUCTIONS:

Ask participants to gather in their small groups and assign each member a letter - A, B, C, or D. Once they have done this describe the task in the following manner:

As a group you have decided that it might be nice to get together at the end of the workshop and do something

together. Because you are different people, each with a unique "internal world", when you consider this outing you are "controlling for" different things. Hand each person in each group a card describing what they are hoping to do for this outing.

PERSON A: You are "controlling for" some fun and excitement and would like to "bar and disco hop" hitting as many of the wildest nightspots in Edmonton as possible.

PERSON B: You love entertaining and are "controlling for" some self-worth. You'd like the group to come to your home for a gourmet dinner. You already have a fantastic menu in mind.

PERSON C: You are interested in having some quality time to get to know other members on a more personal basis. You are "controlling for belonging" and would like to go to a nice quiet restaurant where the group would have lots of opportunity to get to know each other better.

PERSON D: You are on a fairly tight schedule and feel the workshop has taken up too much of your time already. You are "controlling for freedom" but don't want to be a "party pooper". You would like to just go for a quick coffee somewhere close by right after the last workshop session.

Once each member has read his/her role description, the group is asked to plan the outing. They are not to share the contents of their cards. Before they begin, remind them that their needs are important and not easily left unfulfilled.

Give the group 10 or 15 minutes - enough time so that "error" has a chance to develop.

Ask the group to break off as individuals and record on a piece of paper what they were doing in the group and what they are doing now besides writing (i.e. "feeling behavior"). While making their list, remind them to use the "ing" suffix as much as possible. Once they have listed their behaviors ask them to check off those behaviors that were "helping meet their needs without infringing on other people's ability to meet theirs" (Glasser, 1982).

Request that they save these lists and bring them to the next session.

EXERCISE 15

"THE CASE OF B.H.C. MICROWAVE INC."

Participants are asked to listen as the case is read aloud. In their small groups they are asked to consider the case, employing Steps 1, 2, and 3:

Step 1: What do the people involved appear to "need" and "want"?

Step 2: What are they doing presently?

Step 3: Is it helping?

THE CASE OF B.H.C. MICROWAVE INC.

PROBLEM: B.H.C. Microwave Inc. came under new ownership nine months ago. Along with the new ownership came a new manager. All concerned are experiencing difficulty adjusting to the change.

CHARACTERS:

Harvey Swenson (the new manager)

Harvey is extremely concerned about doing what he sees as "best for the company." In his last position he experienced some difficulty with staff relations and although he found it somewhat upsetting he realizes that it is "lonely at the top." After all, if a guy is going to get ahead he has to concentrate on doing the job - not winning a popularity poll.

Harvey is also a firm believer in the old saying: "If you want something done right - do it yourself." Harvey found he couldn't always trust employees at the last company and wants to be on top of things here. He should be able to handle a 'small potatoes' operation like this after leaving a much more responsible job. But his doctor had said he'd have to slow down or his "ticker" would pay.

Carolyn Colbie

Carolyn is the head secretary for the firm, working directly under the manager. The previous manager gave her loads of responsibility and essentially a free hand. She was confident in her abilities, energetic, and eager to learn more about the business world. She is enrolled in evening courses leading towards a diploma in Business Administration. Since Mr. Swenson took over, things have been different. He is always looking over her shoulder, trusts her with only trivial business and gives such detailed instructions that he must think she's retarded. She's finding herself increasingly "low" and has been so tired lately that she slept-in twice last week and was late for work. Maybe she'll have to drop her night courses so she can get to bed earlier.

Donald Buchanan

Don is the company's one and only salesman. He's a "go-getter" and has for many years kept sales up. Don sees himself as an independent sort of guy who gets the job done early so there's more time for play. Once his calls were done he'd often take a long liquid lunch with the ex-manager. But this turkey - Swenson is a real slave driver. Even if the calls are made and sales are up, he expects you to work right up to the minute doors close. There is a stack of memos on Don's desk asking

where he was at such and such a time!!! Well, he and Swenson have exchanged a few words already and they will again. Don figures he'll let sales slip a bit just to see what Swenson thinks about that!

Ralph Hutch

Ralph is chief repair man and has for many years run the back shop. He, too, is having trouble getting accustomed to this new big shot. Oh well, best to avoid him for the most part. At least he can get some of his frustrations off his chest at home or with the other guys. Speaking of which, the guys seem to leave the coffee room when he comes in. Maybe he ought to consider a change in deodorant.

Linda Bentley

Linda is the accounts person in the office. Mr. Swenson is a tough guy to please but it pays to stay on his best side, even if you don't like him much. Work is piling up though, and it really can get a person flustered. The other people in the office seem kind of 'cool' towards her lately, probably because she invited Mr. Swenson and his wife for dinner. But what's a girl to do? If she loses this job she may not get another. After all, she's not as skilled as Carolyn. To top things off, Linda's missed a couple of days because her darned stomach is acting up again!

SESSION IV

LENGTH: Two hours

MAJOR OBJECTIVES:

1. Debrief previous homework assignments.
2. Introduce: Step 4
   "Establish a Plan To Do Better"
3. Generating Alternatives:
   a) Searching out past strengths
   b) "Brainstorming for New Ideas"
4. Evaluating Alternatives
5. Making a Plan
6. Anticipating Obstacles

SESSION IV

LECTURETTE:

Brief theoretical discussion of Step 4 emphasizing the understanding of the following concepts:

1. BRAINSTORMING (Osborne, 1963)
   - 4 rules for brainstorming.
2. GOOD PLANNING (Applegate, 1980)
   - characteristics of a good plan.
3. CONSIDERATION OF OBSTACLES
   - obstacles if untreated become excuses that don't help.

SESSION IV

EXERCISES

THEORETICAL RATIONALE

(Step 4 - Planning)

Generating Alternatives

At the conclusion of the previous session we had reached the point of evaluating present behaviors to determine whether or not it is helping meet one's "basic needs". It was pointed out that people 'hang on' to behaviors either because they see them as working for them and/or they are aware of no other alternatives. If one reaches a point where he/she can determine that his/her present behaviors are not working, they are primed to look at other alternatives. This is the first phase of Step 4 of Reality Therapy - Planning. In many other models such as D'Zurilla and Goldfried (1971) the generation of alternatives represents a phase in and of itself.

A Reality Therapist would, at this stage in therapy, say to a client "if what you are doing in this situation is not getting you what you want, let's talk about what you can do to change this situation to enable you to get what would be more satisfying to you" (Glasser and Zunin, 1979, p. 335). In therapy the process that would follow

could, depending on the client, involve teaching new behaviors, offering suggestions and/or assisting clients in developing skills in creative thinking. When one is teaching people to apply the steps of Reality Therapy as a personal problem-solving approach one would concentrate on enhancing their ability for creative thinking such that they can generate alternatives independently.

An age old debate in the psychology of learning has revolved around the question of whether creativity can be learned or whether it is an innate capacity. Osborn (1963) in reference to this issue stated that "all human beings, to a greater or lesser degree, possess the imaginative faculty. Whether this talent per se can be enlarged by training is questionable. The point is that the student can be trained to use more productively the talent which he innately possesses" (Osborn, 1963, p. IX).

Although a variety of methods for generating new ideas have been proposed, the method developed by Osborn in the 1950's has enjoyed the most notoriety and popularity over the years. He refers to his method as "brainstorming" (Osborn, 1963). Osborn based his method on two basic premises stating that you can deliberately increase productivity of good ideas by following them. The two principles are (a) deferment of judgement and (b) quantity breeds quality. He developed four basic rules for "brainstorming" and the technique has generally been used

by groups as a means of generating new ideas. The four rules are outlined in Exercise 17 of this manual. Although the method has been used primarily in a group setting, Osborn was adamant that it was equally beneficial as an individual skill. He stated that: "I am convinced that it is possible for an individual to form a brainstorming group with himself as the only member" (Osborn, 1963, p. 142).

Searching Out Past Strengths

Although Glasser has become associated with emphasis on present and avoidance of discussion of past issues, he does not totally avoid the past. When he does go into a person's past he does so for the purpose of identifying past successes and strengths rather than previous problems. Glasser (1980b) indicated that:

> Reality Therapists on some occasions do ask about the past. We are not trained to be rigid in any way, and if we believe that knowing about the past will help us to plan for better behavior now or in the future, we encourage therapists to move in this direction, but with strong caution that what they should look for are past successes. From these rather than past failures, or misery, we can help the client to do better now (p. 49).

The question one must teach an individual to ask himself when he has identified an "error" is: "What have I done in the past that worked for me?" This question can yield a double positive impact. Firstly, it

helps identify plausible alternative courses of action and secondly can serve to heighten the individual's self confidence at a time when it could be at a low ebb.

Evaluating Alternatives

Once a number of alternatives have been identified either from drawing on past experience or the generation of new ideas, they need to be evaluated. Essentially what the individual must do is "make a value judgement" (Step 3 of Reality Therapy) with respect to each alternative. At this point the 'value' questions can be very specific. The types of questions one would ask are described in Exercise 20 of this manual under criteria. This step is a critical phase in the problem-solving process as 'sloppy' work at this point could set the individual up for a failure experience.

Making a Plan

Once alternatives have been identified and evaluated such that plausible ones have been isolated the individual must make a plan around the alternatives. Glasser (1980b) emphasizes the importance of the planning step as he believes that "people who go through life without some sort of long-term plans, usually divided into a series of small plans to reach larger goals, are like ships

floundering without rudders" (p. 52).

The art of planning lies in the capacity to develop a plan that will provide the individual with a sense of accomplishment and yet at the same time be designed in such a way as to guarantee a successful experience. People who are attempting to cope with problems do not need to accumulate any more failure experiences.

In response to Glasser's general direction as to the characteristics of a "good plan", Applegate (1980) has identified the following specific criteria:

"1. Simple, that is not too complicated.

2. Small, both in terms of what is done and the time frame it is done in.

3. Something TO DO - not stop doing.

4. Dependent on what you do, not on what others do.

5. Specific - as to what, when, where, how, how many and with whom.

6. Immediate - that is something that can be done soon" (p. 40).

It is important to remind individuals that the planning process is continuous. Seldom will a "basic

need" achieve complete fulfillment following the execution of one or two plans. Individuals must make several small plans, all leading towards "error reduction" (problem resolution). Along the way hopefully he/she is accumulating a series of success experiences.

Solidifying this plan (Step 4 of Reality Therapy) coincides with the decision-making phase of other recognized problem-solving models.

Anticipating Obstacles

Although not included as part of the eight steps, another question many Reality Therapists ask at this point is "What do you see interfering with your accomplishment of the plan?" Unanticipated obstacles can later become excuses that do not help. Plans can take into account ANTICIPATED obstacles.

SESSION IV

EXERCISE 16

"BRAINSTORMING"

(Based on ideas in Osborn, 1963)

PURPOSE: a) To get the participant's "creative juices" flowing.

b) To familiarize participants with the rules and process of "Brainstorming".

c) To have some fun and create a positive mind set for the exercises to follow.

INSTRUCTIONS:

Instructor should bring to the session a number of common items (i.e. coat hanger, toilet tube roll, tube of toothpaste, spring, pastry brush, etc.). Almost any item can serve the purpose.

Introduce the rules of "Brainstorming":

1. CRITICISM IS RULED OUT - adverse judgement of ideas must be withheld until later.

2. FREE-WHEELING - is welcomed. The wilder the idea the better; it is easier to tame down than to

think up.

3. QUANTITY IS WANTED - the greater the number of ideas, the more the likelihood of useful ideas.

4. COMBINATION AND IMPROVEMENT are sought - can two or more ideas be turned into a better idea (Osborn, 1963).

Once participants are clear as to the rules, have them break into their small groups. Introduce one of the objects you have brought to the session. Ask each group to come up with as many unique "uses" for that object as they can, not including the purpose for which it was designed. To provide increased motivation make it a small inter-group competition. Keep the exercise going such that you push them to the limits of their imagination and creativity.

SESSION IV

EXERCISE 17

"GENERATING ALTERNATIVE INGS"

PURPOSE: a) To develop participant's creativity and awareness that there are ALTERNATIVES.

b) To increase the breadth of their "behavioral output system" such that they have a greater number of choices open to them when they respond to "error".

c) To provide them with a method for generating alternative behaviors.

INSTRUCTIONS:

Ask participants to recall Exercise 14 from the last session. Focus them on those behaviors that they identified as ones that "were not helping". On their own ask them to apply the rules of "brainstorming" to arrive at a number of alternative behaviors for each of those that was not helping.

EXAMPLE:

Behavior That was Not Helping	Alternatives
Withdrawing	Talking Demonstrating Negotiating Asserting

EXERCISE 18

Place a number of "feeling behaviors" on cards (i.e. depressing, guilting, stressing, etc.). Hand a card to each small group asking them to use the rules of "Brainstorming" to arrive at as many alternative behaviors as they can. Continue handing cards to the group as they seem to exhaust their creativity on any particular one.

EXERCISE 19

"EVALUATING ALTERNATIVES"

PURPOSE: a) To familiarize participants with the importance of evaluating the alternatives prior to implementing them.

b) To teach participants a systematic evaluative technique.

INSTRUCTIONS

Ask participants to consider the list of alternatives generated in Exercise 18. Given that the value of a behavior will vary with the circumstances surrounding it, encourage participants to evaluate each behavior according to criteria suggested earlier. In other words,

they are asked to make a "Value Judgement" (Step 3) for each behavior.

CRITERIA:

1. Will it help?
2. Will it contribute or detract from the fulfillment of the "basic need" I have identified?
3. How will it contribute or detract from the fulfillment of my other "basic needs"?
4. Is it feasible, 'doable'?
5. Is it 'responsible' in light of other people and their needs?

EXERCISE 20

"PLANNING"

"THE CASE OF PETE"

PURPOSE: a) To provide an opportunity for participants to practice applying Steps 1, 2, 3 and 4 on a real life problem situation. The case has been designed to afford particular opportunity to practice Step 4.

INSTRUCTIONS:

a) Distribute copies of the case to each participant and ask them to review it independently, moving through Steps 1 through 4 and writing down their ideas.

b) Allow sufficient time for individual review and then ask participants to discuss the case in their small groups, one person volunteering as recorder.

c) Ask for feedback from each group to the larger group.

THE CASE OF PETE

Pete is a 30 year old young man currently employed as a bank teller at a large branch. He lives alone in a small basement suite. Pete has a number of interests including stamp collecting, reading and painting. He spends long hours in his makeshift art studio. Although he is pleased with certain aspects of his life, he has found that he has few friends and is generally dissatisfied with his social life. He has difficulty meeting new people and has made few friends at work. Pete finds it hard to strike up conversations due to nervousness and besides he usually finds that the other people at work aren't interested in the same kinds of things as he is. He has talked over the difficulty with his sister and she suggested he join an art class or stamp collecting club. He registered for an art class last fall but found most of the people caught up in their work and more interested in developing their skills than in making conversation. They never seemed to do anything together outside of the class either. Even if he did find a stamp collecting club he would still have the problem of his nervousness. Lately Pete has found himself spending less and less time out of his suite. He doesn't like this much and has noticed his spirits are really sagging but what can a guy do?

SESSION V

LENGTH: Two hours

MAJOR OBJECTIVES

1. Debrief previous Homework Assignment.

2. Introduce: Step 5
   "Commitment"

3. Discuss (in respect to what happens if plan fails): Step 6: No Excuses
   Step 7: No Punishment
   Step 8: Don't Give Up!

SESSION V

LECTURETTE

Brief theoretical discussion of Steps 5, 6, 7 and 8 emphasizing:

1. Importance and meaning of commitment.
2. The process to implement if a plan does not succeed.
3. Pitfalls of excuses.
4. Punishing oneself as a destructive time and energy consumer.
5. Re-Planning.
6. The Pain of "Giving Up".

SESSION V

EXERCISES

THEORETICAL RATIONALE

COMMITMENT (Step 5)

Once a "good plan" has been established, the individual must in some way establish a "commitment" to that plan. Glasser eludes to three important aspects with regard to "commitment". Firstly, the "commitment" is in many ways only as strong as the involvement upon which the whole process is based, be that involvement between a therapist and a client or a person's involvement with themself if they are functioning as their own therapist. At the same time "commitment" can serve to enhance that involvement.

Secondly, the "plan" and "commitment" to it will only serve their purpose if the person has really completed Steps 2 and 3 honestly, that is "examining present behavior" and "making a personal value judgement". If at some level the individual still believes his behavior was effective he may subtly sabotage attempts at trying on new behaviors.

The third important aspect of "commitment" is its close relationship to the concept of responsibility that

is so central to Glasser's thinking. This is particularly true if the "commitment" is made to another person; however, it can also serve to remind an individual of his responsiblity to him/herself.

There are a variety of ways an individual can make a "commitment". The method he/she chooses should be one that works best for them. In therapy Glasser frequently draws up the plan in the form of a contract for his signature and that of the client. When one is acting as one's own therapist, one may wish to involve another person to act as a witness by signature or verbally. It may work best for an individual to simply make a private "commitment" with himself. Each individual must develop a method based on his/her own unique personality and experience. Participants are asked in the workshop to try out the written contract method.

What If The Plan Doesn't Work? (Steps 6 and 7)

Steps 6 and 7 of Reality Therapy really come in to play if a plan is not followed through or if implemented was not successful in bringing the individual closer to need fulfillment. These steps represent the 'DON'TS' with respect to reacting to an unsuccessful plan.

First of all instruct individuals not to spend time

creating or accepting excuses. Glasser accepts the fact that there are 'good' excuses but maintains that 'good' or 'bad' they do not help! If we emphasize excuses we are emphasizing what a person couldn't or didn't do rather than what he can or is going to do. Energy is not directed towards constructive ends. Instead of saying "Why didn't I do that or Why didn't it work?" a person applying the principles of Reality Therapy would ask:

> "When will it get done?"
>
> or
>
> "How can I re-plan so that it will be successful?"
> (Glasser, 1980b, p. 54)

Another energy and time waster is berating or punishing oneself for a plan that was not successful. Step 7 of Reality Therapy, therefore, rules out punishment. One is robbing oneself of the cherished self-confidence one needs to get on with a new plan that will work!

Re-Planning

What an individual can DO when faced with a plan that did not work is re-plan. This involves reviewing each step in the entire process to determine which part needs extra work and/or re-working.

Review each of the 'Steps' 1 through 5. The individual should ask the following types of questions:

1. Did I accurately and honestly identify my unfulfilled "basic need" and what it is I "want"?

2. Did I accurately and honestly evaluate my present behavior and identify those that are not helping?

3. Did I energetically search out alternative behaviors?

4. Did my plan meet the criteria of a "good plan"?

5. Did I anticipate and plan around all obstacles?

6. Was my plan important to me? Am I really committed to change?

The Pain of "Giving Up" (Step 8)

Step 8 of Reality Therapy is simply stated as "Don't Give Up!" The reason for this is giving up is painful (Glasser, 1976). Many people choose to give up when they are repeatedly unsuccessful at meeting their "basic needs", because they believe that giving up will somehow reduce the pain. Glasser (1976) has indicated that "unfortunately , when you give up , while it was

reduced for a while, the pain tends to return because you can't give up permanently on what you need for happiness without suffering" (p. 13).

SESSION V

EXERCISES

EXERCISE 21

"THE CASE OF MAUREEN AND KELLY"

PURPOSE: a) The same as for previous cases only this time applying Steps 1 through 8.

INSTRUCTIONS

Same as for previous cases.

THE CASE OF MAUREEN AND KELLY

PROBLEM: A dependent friend.

Maureen

Recently separated from her husband, she now finds herself in a new world. She has gone back to university and is working towards new friendships and activities. Many of her personal interests are sports related; however, she takes athletics very seriously. Her family was always very competitive and it seemed that 'winning' was a sure way of earning love. Maureen is bright and attractive but is finding it difficult to maintain lasting friendships. Although she is troubled by this problem, she doesn't understand what goes wrong. She finds it easy to assert herself and assure that her needs are met but has found that often she is not included in activities planned by so-called friends.

Kelly

Also separated and now divorced, Kelly and Maureen were introduced by a mutual friend. The beginning of a friendship was easily maintained because of the pain they were both going through following the breakdown of their marriages. As time passed and the depression eased, Kelly slowly began to become her old self and now finds that she and Maureen have fewer things in common. Kelly

always has had other close friends. She likes to spend time with them but lately often feels guilty if she goes out with them and does not include Maureen. She feels resentment building towards Maureen as a result of what she sees as an obligation. At times she enjoys Maureen's company but there are problems with it. Often when they are out and Maureen does come along, she likes to get her own way as to where the group goes, etc. If she is not indulged, she will pout and be generally difficult to get along with. Kelly is extremely embarrassed by this behaviour and feels that it is her fault when everyone's evening is ruined. Her solution to the problem is to simply avoid Maureen or lie to her when she calls. This is making her feel really rotten, but what can she do?

Mindy

Mindy is the mutual friend who introduced Maureen and Kelly. She and Maureen were good friends in school and saw each other on occasion after Maureen was married but they don't seem to have as much in common as they once did. Since Maureen's separation, she has needed much more attention and Mindy is finding it hard to be there all of the time. Mindy and Kelly have only been friends for a short while, but seem to have a lot of the same interests. Mindy has recently found herself caught in the middle between Kelly and Maureen, often having to

back up Kelly's lies. She would like to be rid of the problem but feels sorry for Maureen and would like to help her out.

SESSION VI

LENGTH: Two hours

MAJOR OBJECTIVES

1. Debrief Previous Homework Assignment.

2. Review.

SESSION VI

LECTURETTE

There is no specific lecturette for this final session. The time is set aside for review and as an opportunity to clarify any issues participants may still be unclear about. The time is also provided in recognition of the fact that the instructor may not complete all items in previous sessions and needs the time for overflow.

SESSION VI

EXERCISES

EXERCISE 22

"THE CASE OF THE HARPERS"

PURPOSE: a) Review of the entire process.

INSTRUCTIONS

Same as for previous cases.

THE CASE OF THE HARPERS

PROBLEM

Family adjustment to a wife and mother returning to work outside of the home.

Muriel Harper

Muriel is a 37 year old woman. Approximately a year ago she decided to return to the work force outside of her home after spending 16 years looking after her house and children. She started a small flower shop with a friend and they have been doing quite well. The shop has taken considerable time and energy and what with keeping up her housework she finds she has less time now to spend with her husband and children. She had felt somewhat guilty about her initial decision to go out to work but at the time really felt it was what she needed. In many ways she is happier with her new situation but is experiencing increasing tension for some reason, and is finding it harder and harder to really enjoy any aspect of her life fully - home or work. She believes that her husband and children are dropping hints that they'd like her home. Maybe it is just her imagination. They sure don't complain about the extras her income allows for.

Bill Harper

Bill is a 40 year old man who runs his own gas station. Although he has his mechanic's papers he is now more involved in running the business. He has always felt that he provided an adequate living, not extravagant maybe, but adequate. He was a little concerned about Muriel's desire to work out of the home and wasn't exactly sure why she wanted to do it. After all, they seemed to have enough of everything. He had agreed to her plan, however, because it seemed important to her for some reason. Things aren't quite the same at home now. Muriel isn't always there when he comes home and she seems tired a lot of the time. Their sex life isn't what it once was. Oh well, he can spend more time at the station and won't notice as much.

Laurie Harper

Laurie is 15 years old and in her first year of high school. She is confident and friendly and sees herself as quite popular with her peers. She likes to be involved and has joined a number of extra curricular activities already. Little brother Keith is kind of 'cramping her style' as she has to babysit after school three days a week. At least he goes to the neighbour two days. Mom or Dad are usually home by 5:30 so it really isn't a big deal. Laurie finds she is fighting a lot with her parents. They seem to expect her to act like an adult

but treat her like a child. After all, if she is responsible enough to start supper and look after Keith, she is responsible enough to stay out past midnight. Maybe if they continue to treat her like a two year old she should start acting like one.

Keith Harper

Keith is an eight year old boy in the third grade. Generally he has done extremely well in school but lately finds himself standing in the hall a lot for fooling around in class. The teacher said he was a 'behavior problem' on his last report card. (Whatever that means!) Oh well, it doesn't matter what she thinks anyway - all the kids think she's an old goat. Speaking of goats, Laurie is a real pain! She used to be kind of fun but now that she's babysitting she has become a real boss. It is neat when Mom and Dad come home 'cause they tell her to mind her own business. Keith figures it will be neat when Mom and Dad get their businesses off of the ground, then they can do more things like they used to.

PROBLEM-SOLVING METHODS

TRAINING PROGRAM

PARTICIPANT MANUAL

"We believe each individual has a health or growth force. Basically people want to be content and enjoy a success identity, to show responsible behavior and to have meaningful interpersonal relationships."

(Glasser & Zunin, 1979)

PURPOSE

The purpose of this manual is to provide you with practice in transferring skills learned in the workshop to actual problematic situations in your personal life. Although this is your private record and you will not be asked to share it in the group, in order to gain optimal benefit from the workshop, it is essential that you complete these exercises at the prescribed times.

Your first task is to select an actual problematic situation that you are currently experiencing. It can be of a strictly personal (primarily involving only yourself) or of an interpersonal (involving another person(s)) nature.

STEPS OF REALITY THERAPY (GLASSER, 1980a)

1. Make Friends!

   Ask: What do I want?

2. Examine Present Behavior.

   Ask: What am I doing now?

3. Make a Value Judgment.

   Ask: Is what I'm doing helping?

4. Make a Plan.

5. Make a Commitment.

6. Don't Accept Excuses.

7. Don't Punish and/or Criticize.

8. Never Give Up!

EXERCISE 1

Examine your own personal 'signs' or 'indicators' that let you know when you are experiencing an "error" (problem). Ideally this could be done by attending to changes that occur in the next couple of days if and when you find yourself in a problematic situation. You may wish to ask someone who knows you well what changes they observe in you under problematic conditions.

Once you have determined your personal "signs" fill in the following spaces:

CHANGES IN MY BODY:

1.

2.

3.

CHANGES IN MY MOOD:

1.

2.

3.

4.

CHANGES IN MY RELATIONSHIPS:

1.

2.

3.

4.

OTHER 'SIGNS':

1.

2.

3.

4.

****

EXERCISE 2

This exercise is similar to Exercise 1 and one of the activities we did during the workshop session. You are now asked to identify 'signs' in one 'significant other' person that let you know when he/she is experiencing "error" (problem). If the specific problem you selected to work on during the workshop involves another person, it would be ideal to select him/her for this exercise. It is important that you try to identify these 'signs' by recalling past experience(s) rather than observing in the present. Remember - your perceptions may not be accurate. The

exercise is merely designed to enhance sensitivity and observational skills. Do not share your perceptions with anyone.

Once you have considered the changes you perceive occurring in that person, fill in the following spaces:

CHANGES IN HIS/HER BODY:

1.
2.
3.
4.

CHANGES IN HIS/HER MOOD:

1.
2.
3.
4.

CHANGES IN HIS/HER RELATIONSHIPS:

1.
2.
3.
4.

OTHER CHANGES:

1.

2.

3.

4.

****

EXERCISE 3

Throughout the time you are attending the workshop, play a game with yourself. Observe people in a variety of situations (on a bus, in a restaurant, at a football game) and try to guess via nonverbal cues what they are 'feeling' at any particular moment.

****

EXERCISE 4

"WHAT DO I WANT?"

a) Focus on the specific problem you have chosen to work on during the workshop. In that situation there is (are) an unfulfilled "basic need(s)." Try to honestly determine which need(s) is(are) unfulfilled in that particular situation.

Love and Belonging _____

Self-Worth _____

Fun _____

Freedom _____

Security _____

If you have checked more than one, try to select one that is a priority right NOW in this PARTICULAR SITUATION.

(b) Now identify specific "wants" related to that "basic need". (Be as specific and behavioral as possible.)

Example: Woman in a Marriage

Basic Need: Love and Belonging

Wants: (a) husband to kiss her goodnight.

(b) husband to ask how her day was - generally, to take more interest in her.

(c) to go for evening walks as they did when they were first married, etc.

WANTS:

1.

2.

3.

4.

5.

6.

7.

(c) Remember "the difference between what we 'want' to perceive and what we believe we are perceiving in the external or real world is our "error" (problem)" (Glasser B. Powers, 1982).

****

EXERCISE 5

"WHAT DO OTHERS WANT?"

"WHAT ARE THEY CONTROLLING FOR?"

Select a special person who you know and trust. It may be a person involved in the problem you have chosen but does not have to be. In writing, create what you would consider to be the perfect (fantasy) environment and lifestyle for that person. Describe it as if you were that person. Consider the 'basic needs', their 'wants', likes, dislikes, etc. Be as imaginative as you can! Fantasize for them! No limits! You may wish to consider some of the following categories to get started but you take it from here and add anything you wish:

- Where would he/she live if they had their dream come true? Describe fully.
- How would he/she like to meet their need for self-worth? (love, freedom...)
- Who would he/she have living near them?
- How would he/she have fun? (List lots of ideas)

- Who would he/she spend time with?

(Please do this exercise on a separate sheet of paper.)

Once you have completed your project, share it with the person. Find out where your perceptions were accurate/inaccurate. What aspects would he/she add that you had left out?

---

*Stimulus for this exercise provided in Noller, Parnes, & Biondi, 1976, p 163.

****

EXERCISE 6

"WHAT IS MY PERSONAL "ING"?"

Think about past and present problematic situations. Try and identify your characteristic response to those types of situations. You may have more than one response, but pick the one you feel is most common for you. This is your personal "ing". (It may be helpful to refer to the exercise in the workshop that dealt with this topic.)

My personal "ing":

****

EXERCISE 7

"WHAT AM I DOING NOW?"

Focus once again on the particular problem ('error') you have chosen to work on during the workshop. Examine your present behavior in that situation and list all of the things you are presently 'doing' in the left hand column. Remember it is impossible to be doing NOTHING!

BEHAVIOR	SHORT RUN	LONG RUN
1.		
2.		
3.		
4.		
5.		
6.		
7.		

****

EXERCISE 8

"IS IT HELPING?"

Examine each behavior that you have listed in Exercise 7 and make a "value judgment" for each one.
Criteria:

- How does each behavior contribute to or detract from

fulfilling the "basic need" you identified in Exercise 4?

- How does the behavior effect your other "basic needs"?
- Remember to consider both short term and long term consequences as we did in the example of "depressing" during the workshop session.
- Is it helping you get what you want?
- Take into consideration how the behavior affects others and if it interferes with their ability to meet their needs.

For each behavior mark an "x" beside those that ARE NOT HELPING in the short and long run and a "✓" beside those that ARE HELPING.

EXAMPLE USED IN WORKSHOP:

BEHAVIOR	SHORT RUN	LONG RUN
Depressing		

****

EXERCISE 9

"PLANNING"

"SEARCHING OUT PAST SUCCESSES"

Think back to previous problematic situations that you found solutions to or overcame. Identify what you did in those times that was helpful. List them

below, very specifically detailing behavior. You may wish to reflect on a number of different past experiences.

SUCCESSFUL PAST BEHAVIORS	ONES THAT MAY WORK NOW

Focus again on your current situation and evaluate each of these behaviors that were successful in the past with regard to whether they may work now. Use similar criteria to that suggested in Exercise 8. Mark a "√" beside those you believe may help.

****

EXERCISE 10

"PLANNING"

"BRAINSTORMING FOR NEW BEHAVIORS"

PART A: Focus on the problem situation you have chosen. "Brainstorm" on a separate sheet(s) of paper ideas for how to solve the problem or ideas that could represent small steps toward a total solution. Be as specific as possible, detailing behaviors. Remember, at this stage ANYTHING GOES (the grandiose, the trivial, the silly, the moral, the immoral, the legal, the illegal, the wierd, the wonderful)! Don't worry, we will evaluate later before you act.

Stick to the rules for "BRAINSTORMING" (Osborne, 1963):

1. CRITICISM IS RULED OUT - Adverse judgement of ideas must be witheld until later.
2. FREE-WHEELING - is welcomed. The wilder the idea the better; it is easier to tame down than to think up.
3. QUANTITY IS WANTED - the greater the number of ideas the more the likelihood of useful ideas.
4. COMBINATION AND IMPROVEMENT ARE SOUGHT - can two or more ideas be turned into a better idea?

If you wish you may seek help with this from trusted others.

PART B: Once you have exhausted the "brainstorming" strategy, look over your list and eliminate those ideas that are obviously unacceptable (ie: dangerous, unrealistic, etc.). Be careful to look at each idea you eliminate for aspects of it that may be acceptable. Once you have reduced the list to manageable proportions, evaluate each alternative in light of the criteria similar to those used in Exercise 8:

1. Ask: Will it help?
2. Will it contribute or detract from the "basic need" you identified in Exercise 4?
3. How will it contribute or detract from your other "basic needs"?
4. Is it feasable, 'doable'?
5. Is it "responsible" in light of other people and their needs?

PART C: Once you have scrutinized each alternative you will arrive at a list of 'Potential Behaviors'. List them below:
(Be specific)

1.

2.

3.

4.

5.

6.

7.

8.

****

EXERCISE 11

"PLANNING"

LET'S GET MORE SPECIFIC

Select at least one of the alternatives from your final list in Exercises 9 and 10. If it(they) are still worded in terms that are too vague or general, break it(them) down into specific behavioral units. These units will become the parts of your "PLAN". While doing this, keep in mind the characteristics of a 'good plan' (Applegate, 1981):

"1. Simple, that is not too complicated.
2. Small, both in terms of what is done and the time frame it is done in.
3. Something TO DO, not stop doing.
4. Dependent on what you do, not on what others do.
5. Specific, as to what, when, where, how, how

many and with whom.

6. Immediate, that is something that can be done soon."

The planning process is continuous. You will make several small plans, enjoy several small successes, all leading towards an internal sense that your identified unfulfilled "basic need" is becoming fulfilled. Each plan should move you closer to "error reduction" (problem resolution).

ALTERNATIVE SELECTED: (Describe fully and behaviorally)

(If you had selected more than one alternative describe it(them) on the back of this page.)

****

EXERCISE 12

FORMALIZE YOUR PLAN

"MAKE A COMMITMENT"

Take the alternative that you selected in Exercise 11 and detail it in the following personal contract. This exercise may be done mentally or in writing; however, many people find it most effective to do it in writing. You are asked to sign the contract as an indication of your personal "commitment". Remember that a "commitment" gains strength if you "involve" another person. For this reason a space has been provided for a witness signature. Do not employ a person involved in the problematic situation as your witness. Make sure, however, that the person you select is someone you feel very comfortable with. If you have selected more than one alternative to work on, you may wish to make a separate plan sheet for each one or put them all on the same plan sheet.

PLAN

DETAILS OF THE PLAN: (include what, where, when, how, how often and with whom)

_____ _____

Witness Signature

_____

Date

EXERCISE 13

ANTICIPATING BARRIERS

Before implementing your plan, try to anticipate anything that may interfere with its successful completion. For each potential barrier or obstacle, identify at least one way you might use to overcome it.

OBSTACLE	WAY TO OVERCOME IT

EXERCISE 14

IMPLEMENT YOUR PLAN

Implement at least one aspect of your plan prior to the next workshop session.

****

EXERCISE 15

EVALUATE YOUR PLAN

It will be difficult to assess whether or not your plan is "helping" during the course of the workshop as most plans require time before they show significant results. Most of what is outlined in this exercise will be implemented after the workshop has concluded. It is very important that you complete this exercise as it is a critical part of the process.

Once your "plan" has been in action for a reasonable amount of time, ask yourself: "Is it helping?" Once again, employ the criteria suggested in Exercise 10 - Part B. If the plan is helping - GREAT! Look at continuing it and perhaps making another plan for the particular situation or another one. If the plan is not helping "don't give up" and "don't make excuses". Glasser believes that all excuses are good ones, they simply do not HELP you get on with meeting your identified

need. Also, do not get down on yourself! Some famous person once said: "There are no such things as failures - only learning experiences."

In order to evaluate where you may have to re-work the process, review each of the steps:

- Did you correctly identify the "basic need" and what you wanted?
- Did you accurately evaluate all present behaviors and identify the ones that were not helping?
- Did you consider enough alternative behaviors?
- Did your plan meet the criteria of a "good plan"?
- Did you anticipate and plan for obstacles?
- Were you really committed to the plan? Was it really important to you?

Once you have determined where you may need to re-work the process, do so. This re-working may entail developing a new plan and making a fresh "commitment".

"DON'T GIVE UP
'CAUSE GIVING UP IS PAINFUL!"

REFERENCES

Applegate, G. If only my spouse would change. In N. Glasser (Ed.), What are you doing? how people are helped through reality therapy. New York: Harper and Row, 1980.

D'Zurilla, J., & Goldfried, M. Problem-solving and behavior modification. Journal of Abnormal Psychology, 1971, 78(1), 107-126.

Ford, E. A summary of reality therapy. Pamphlet prepared for publication in M. Ohlsen & H. Horne (Eds.), Counseling with families. Itasca: Peacock Publishing, 1981.

Glasser, W. Positive addiction. New York: Harper and Row, 1976.

Glasser, W. The basic concepts of reality therapy. Los Angeles: Institute For Reality Therapy, 1980a. (Pamphlet)

Glasser, W. Reality therapy. In N. Glasser (Ed.), What are you doing? how people are helped through reality therapy. New York: Harper and Row, 1980b.

Glasser, W. Stations of the mind. New York: Harper and Row, 1981.

Glasser, W. & Powers, W. A diagram of the brain as an input control system. Los Angeles: Glasser TEC Seminars Inc., 1982 (Pamphlet)

Glasser, W. & Zunin, L. Reality therapy. In R.J. Corsini (Ed.), Current Psychotherapies. Itasca: Peacock Publishers, 1979.

Osborn, A.F. Applied imagination: principles and procedures and creative problem-solving. New York: Charles Scribner's, 1963.

Parnes, G., Noller, R., & Biondi, A. Guide to creative action. New York: Charles Scribner's, 1977.

Pfeiffer, J.W., & Jones, J.E. The 1980 annual handbook for group facilitators. San Diego: University Associates, 1980.

Rubenstein, S.L., & Weaver, R.G. The plain rhetoric. Boston: Allyn and Bacon, 1968.

APPENDIX B:Tests for Homogeneity of Variance and Regression Coefficients

TABLE 7

TESTS FOR HOMOGENEITY OF VARIANCE AND
HOMOGENEITY OF REGRESSION COEFFICIENT PROBLEM SOLVING

BARTLET-BOX TESTS OF HOMOGENEITY
OF WITHIN-CELL OR GROUP VARIANCE

C = 1.029 M = 2.767 A1 = 0.029

BARTLET APPROXIMATE CHI-SQUARE TEST

DF = 1 CHISQ = 2.690 PROB = 0.101

BOX APPROXIMATE F-TEST

DF1=1.0 DF2=3667.01 F-RATIO=2.691 PROB=1.101

HOMOGENEITY OF WITHIN-CELL
REGRESSION COEFFICIENT TESTS

1TH CONCOMITANT DF1=1. DF2=35.
F=1.16 PROB=0.289

* $p \leq .05$

TABLE 8
TESTS FOR HOMOGENEITY OF VARIANCE AND
HOMOGENEITY OF REGRESSION COEFFICIENT LOCUS OF CONTROL

BARTLET-BOX TESTS OF HOMOGENEITY
OF WITHIN-CELL OR GROUP VARIANCE

C = 1.029 M = 0.247 A1 = 0.029

BARTLET APPROXIMATE CHI-SQUARE TEST

DF = 1 CHISQ = 0.240 PROB = 0.624

BOX APPROXIMATE F-TEST

DF1=1.0 DF2=3667.01 F-RATIO=0.240 PROB=0.624

HOMOGENEITY OF WITHIN-CELL
REGRESSION COEFFICIENT TESTS

1TH CONCOMITANT DF1=1. DF2=35.
F=0.217 PROB=0.644

* $p \leq .05$

TABLE 9

TESTS FOR HOMOGENEITY OF VARIANCE AND
HOMOGENEITY OF REGRESSION COEFFICIENT SELF-ESTEEM

BARTLET-BOX TESTS OF HOMOGENEITY
OF WITHIN-CELL OR GROUP VARIANCE

C = 1.029 M = 4.919 A1 = 0.029

BARTLET APPROXIMATE CHI-SQUARE TEST

DF=1 CHISQ=4.782 PROB=0.0288

BOX APPROXIMATE F-TEST

DF1=1. DF2=3667.01 F-RATIO=4.787 PROB=1.029

HOMOGENEITY OF WITHIN-CELL
REGRESSION COEFFICIENT TESTS

1TH CONCOMITANT DF1=1. DF2=35.
F=0.492 PROB=0.488

* $p \leq .05$